



Veterans Services

Enrollment Certification Request Form

Student Name:	KU Student ID #	Date of Birth
_____	_____	____/____/____
First	MI	Last

CONTACT INFORMATION: PERMANENT HOME ADDRESS	CONTACT INFORMATION: Kutztown/Dorm ADDRESS
STREET ADDRESS _____	LOCAL STREET ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
HOME PHONE # _____	CELL PHONE # _____
	(PROOF OF RESIDENCY REQUIRED FOR IN-STATE TUITION)

Kutztown Email Address:	Personal Email Address:
_____	_____

Major: _____	Degree Seeking:	<input type="checkbox"/> UNDERGRADUATE/BACHELORS
Major: _____	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> GRADUATE/MASTERS
		<input type="checkbox"/> DOCTORAL/DOCTORATE

Veteran Status: <input type="checkbox"/> Veteran/Currently Serving	Military Branch: <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps	Component: <input type="checkbox"/> Active
Dependent: <input type="checkbox"/> Child <input type="checkbox"/> Spouse	<input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard	<input type="checkbox"/> Reserves <input type="checkbox"/> National Guard

VA Educational Benefits (Please select only the benefits you wish to use this semester)	Number of credits enrolled for the term below: _____
<input type="checkbox"/> Chapter 1606 (Montgomery GI Bill – Selected Reserves)	Semester:
<input type="checkbox"/> Chapter 33* (Post 9/11) Specify your rate of eligibility _____ % *If 100% and Out of State – Yellow Ribbon (Circle): YES NO	
<input type="checkbox"/> Chapter 30 (GI Bill, Active Duty)	<input type="checkbox"/> Fall <input type="checkbox"/> Spring
<input type="checkbox"/> Chapter 31 (Vocational Rehabilitation)	<input type="checkbox"/> Summer 1 <input type="checkbox"/> Winter
<input type="checkbox"/> Chapter 35* (Survivors' & Dependents Educational Assistance) *Chapter 35 VA File Number _____ (Veteran's SSN)	<input type="checkbox"/> Summer 2 <input type="checkbox"/> Summer 10 Week
<input type="checkbox"/> Tuition Assistance	Year: 20 _____
<input type="checkbox"/> EAP	**Please note that only one semester or session can be certified per form. If you are using benefits for multiple semesters then you will need to submit multiple forms.**
<input type="checkbox"/> Other (Please Specify) _____	

I understand that it is my responsibility to complete this enrollment certification form for each term that I plan to receive benefits.	Initial _____
I understand that it is my responsibility to report any changes (including add/drop, grades of "I" or "W", address, change of major, etc.) to the School Certifying Official.	Initial _____
I understand that I am responsible for any debt owed to Kutztown University due to an over payment of my benefits. Non-payment of this debt or other charges will affect my student account and future registration.	Initial _____
I understand the GI Bill Benefits (Chapters 31 & 33) are only applied to tuition and fees, minus any scholarships unless the scholarship is refundable.	Initial _____

I, the undersigned, certify that the above statements are true to the best of my knowledge. I have read and understand my responsibilities as outlined above. I will report any and all status changes to the School Certifying Official as soon as they occur.

Signature: _____ **Date:** _____