



Veterans Services

Enrollment Certification Request Form

Student Name: _____	KU Student ID # _____	Date of Birth ____/____/____			
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">First _____</td> <td style="width:33%; border: none;">MI _____</td> <td style="width:33%; border: none;">Last _____</td> </tr> </table>	First _____	MI _____	Last _____		
First _____	MI _____	Last _____			

CONTACT INFORMATION: PERMANENT HOME ADDRESS STREET ADDRESS _____ CITY, STATE, ZIP _____ HOME PHONE # _____	CONTACT INFORMATION: Kutztown/Dorm ADDRESS LOCAL STREET ADDRESS _____ CITY, STATE, ZIP _____ CELL PHONE # _____ (PROOF OF RESIDENCY REQUIRED FOR IN-STATE TUITION)
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Kutztown Email Address: _____	Personal Email Address: _____
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Major: _____ Major: _____	Degree Seeking: <input type="checkbox"/> UNDERGRADUATE/BACHELORS <input type="checkbox"/> GRADUATE/MASTERS <input type="checkbox"/> DOCTORAL/DOCTORATE <input type="checkbox"/> OTHER: _____
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Veteran Status: <input type="checkbox"/> Veteran/Currently Serving Dependent: <input type="checkbox"/> Child <input type="checkbox"/> Spouse	Military Branch: <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard	Component: <input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard
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VA Educational Benefits (Please select only the benefits you wish to use this semester) <input type="checkbox"/> Chapter 1606 (Montgomery GI Bill – Selected Reserves) <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"/> Chapter 31 (Vocational Rehabilitation) <input type="checkbox"/> Chapter 35* (Survivors' & Dependents Educational Assistance) *Chapter 35 VA File Number _____ (Veteran's SSN) <input type="checkbox"/> Tuition Assistance <input type="checkbox"/> EAP <input type="checkbox"/> Other (Please Specify) _____	Number of credits enrolled for the term below: _____ Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 1 <input type="checkbox"/> Winter <input type="checkbox"/> Summer 2 <input type="checkbox"/> Summer 10 Week Year: 20_____ **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.**
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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: _____

Registrar's Office Use Only		
<input type="checkbox"/> In State	<input type="checkbox"/> COE	<input type="checkbox"/> NOBE
<input type="checkbox"/> Out of State	<input type="checkbox"/> DD214	<input type="checkbox"/> Student Group