# Enrollment Certification Request Form

**Name**

<table>
<thead>
<tr>
<th>First</th>
<th>MI</th>
<th>Last</th>
</tr>
</thead>
</table>

**KU Student ID #**

<table>
<thead>
<tr>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>/</strong>/_______</td>
</tr>
</tbody>
</table>

**Gender**

- Male
- Female

## VA Educational Benefit

(Check and complete all that apply)

- □ CHAPTER 33, POST 9/11
- □ DEPENDENT
- □ SPOUSE
- □ FRY SCHOLARSHIP
- □ YELLOW RIBBON
- □ CHAPTER 30, GI BILL ACTIVE DUTY
- □ TUITION ASSISTANCE (TA)
- □ GO ARMY ED
- □ NAVY
- □ OTHER
- □ CHAPTER 30, GI BILL ACTIVE DUTY
- □ DEPENDENT
- □ SPOUSE
- □ FRY SCHOLARSHIP
- □ CHAPTER 30, GI BILL ACTIVE DUTY
- □ DEPENDENT
- □ SPOUSE
- □ FRY SCHOLARSHIP

## Program of Study

- □ Major
- □ Minor
- □ Major
- □ Minor

## Contact Information

**Permanent Home Address**

- City, State, Zip
- Home Phone #

**KU Email Address**

## Degree Seeking

- □ Undergraduate
- □ Graduate
- □ Doctoral
- □ Post-Baccalaureate
- □ Certification Only
- □ Other

## Term

**Total Credits for Term Checked Below**

- □ Fall 20____
- □ Summer 1
- □ Winter 20____
- □ Summer 2
- □ Spring 20____
- □ MBA

I understand that it is my responsibility to certify (in the Registrar’s Office) for each term for which I plan to receive benefits.

Initial____

I understand that it is my responsibility to report any status changes (including add/drop, grades of “I” or “W”, address, change of major, or any other changes that may affect my entitlement to the benefits.

Initial____

I understand that I am responsible for any debt owed to Kutztown University resulting from an overpayment of my education benefits. Non-payment may affect my student account and future registration. I understand the GI Bill Benefits (Chapters 31 & 33) are only applied to tuition and fees, less 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 Registrar’s Office as soon as they occur.

Signature________________________________________ Date________________________

Registrar’s Office Use Only

- □ In State
- □ Out of State
- □ COE
- □ NOBE
- □ DD214
- □ Service Indicator