UNIVERSITY OF SAINT JOSEPH
CONNECTICUT

Veterans Benefits-Request for Enrollment Certification

Name: _____ USJ ID#_____

Contact Information (phone/email): _____

Are you: **Veteran-Active duty** ☐

Veteran-Not Active duty ☐

Dependent spouse ☐

Dependent child ☐

Which Veterans Benefit Program (Chapter) do you belong to? _____

(If you have not provided your Certificate of Eligibility Letter previously or there is an update, include with this form)

For which term do you wish to be certified? (check one): Fall ☐ Spring ☐ Summer ☐

Please Read and Initial Student Responsibilities:

_____ I understand that I must complete this form each semester that I want my enrollment to be certified

_____ I agree to inform the School Certifying Official if I add/drop any classes or make any changes of enrollment

_____ I agree to inform the School Certifying Official of any changes regarding my major or program of study

SIGNATURE: _____ DATE: _____

Questions? Contact a School Certifying Official:

Ashley Stevens **and** **Hannah Mitchell**

860-231-5705 860-231-5820

aestevens@usj.edu hannahmitchell@usj.edu

Version 12.16.22