

Class/Term Date _____

VETERANS REGISTRATION
Hampton University College of Education and Continuing Studies

NAME _____
First Middle Last Date of Birth

ADDRESS _____
Street Social Security Number

Is this a change of address? ____ Yes ____ No
Work Phone Number

Are you Active Duty? ____ Yes ____ No Military Rank _____

VA Regional Office where your records are located _____

Please read the following statements and initial after each.

If this is the first time you have used your VA educational Benefits, you will need to file a VA Form 22-1990, Applications for VA Benefits _____
Initials

If you have previously used your benefits through another Institution, but this is your first time at Hampton University, you will need to fill out a VA Form 22-1995, Change of Place or Training.

Initials

If you are degree seeking at another university, you will need to attach a *Supplemental Letter* from your primary institution stating that you will be transferring your HU credits to your *primary* institution. _____
Initials

Under any of the circumstances above or if you have any questions, you will need to see the VA Certifying Official at Hampton University, College of Education and Continuing Studies. _____
Initials

AA __ AS __ BA __ BS __ NAME OF DEGREE PROGRAM _____

CURRENT ENROLLMENT INFORMATION

Course Number	Section Number	Credit Hours	Days	Time	
					Totals
					Credits
					Fees
					Tuition

Student Signature

Date