

Veteran Name:(please print) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Semester: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Degree Program: \_\_\_\_\_

What Chapter Benefits are you receiving? \_\_\_\_\_

Have you changed benefits? If yes, please enter date you initiated change: \_\_\_\_\_

Old Chapter Benefits: \_\_\_\_\_ New Chapter Benefits: \_\_\_\_\_

Courses veteran is registering for:

***(Note:These courses must be required for your degree program at Asnuntuck)***

Course No.	Course Title & Credits	Course No.	Course Title & Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Veteran's Signature \_\_\_\_\_ Date \_\_\_\_\_

Codes:

1. Rehab Vet (Chapter 31)
2. VEAP (Chapter 32)
3. Post 9/11 (Chapter 33)
4. VA Benefits Only (Chapter 30 or 1606)
5. Survivor/Dependents (Chapter 35)
6. Serviceperson (Chapter 34)

If you are receiving a Tuition Waiver, please indicate the type:

1. \_\_\_\_\_ War Veteran (we must have a copy of your DD214 on file)
2. \_\_\_\_\_ CT National Guard (we must have the National Guard waiver on file)