

STUDENT VETERAN'S VERIFICATION WORKSHEET

Please read this entire form carefully – it affects your VA payment.							University of Rhode Island Enrollment Services Green Hall 6 Rhody Ram Way		
Name	VA File	VA File Number				Kingston, RI 02881 USA Fax Completed Form To: (401) 874-5260			
			(If you are a dependent – this is the Veteran's SSN)					n's SSN)	
	100	100							
Student's Social Security Number		_	URI ID Number				Phone: (401) 874-9500 Website: www.uri.edu/es		
Current Major / Progran	 n of Studv:						!		
(Program changes require a V		ompleted)			_				
Mailing Address: <i>It is yo</i>	ur responsibility to	inform the colle	ge and the	VA of	any name	and/or addre	ss change.		
Street			City			State	<u> </u>	Zip	
Telephone	_		Email (PERMANENT)					_	
From your VA Education	n Benefit Certificat	e of Eligibility, ple	ease check	your cu	urrent Ch	apter status.			
CH 30 Montgomery GI Bill Voc Rehab Case Manager: Disabled Veteran's Spouse/Dependent			☐ CH 1606 MGIB Select Reserves ☐ CH 1607 REAP			☐ CH 1607 REAP		☐ CH 33 Post 9/11 GI Bill	
For CH 33: Percentage o	ess than 100% Post 9	/11 GI Bill, you will	have a bala	nce that	must be p			□ No	
Have you applied by usi			-			•		□ No	
	Certification Semes Credits	ter (a separate w				Credits			
Spring semester Year	oring semester Year Credits			Summer term Year Session one CR S two S three					
Are you a Combat Veteran	? (Must meet all crit	eria and submit a c	opy of you	· DD-214	l) 🗆 Yes	□ No			
Are you receiving tuition a ls it your intent to waive U	ssistance from your	branch of service?	☐ Yes	□ No □ No	☐ Fall Initials:	☐ Spring	□ Both ——	FALL & Spring terms	
SSS Important Informat	ion Regarding vou	r VA Pavment ŚŚ	Ś:						
\$\$\$ Important Information Regarding your VA <u>Payment</u> \$\$\$: • Please meet with your academic advisor to select your classes.									
The VA will only pay for courses that apply to a student's certificate or degree program. The Veterans Administration will have the cost									
	(I) class returned to				-				
be paid for that of Certificate of Elig you receive from	ourse (under CH 33) ibility (COE) – URI rec the VA indicating you	AND the student's r quires an up-to-date ur entitlement to V	monthly stip e COE be su A benefits.	pend will bmitted	be reduce to the VA	ed (under all VA Office of Enrollm	Education be ent Services	. COE is the letter	
SIGNATURE Required: I at VA does not cover.	est the information	apove is true and a	ccurate. I u	nderstar	nd that I a	n responsible to	or any unpaid	palance that the	
Note: This is a URI form th	at must be complete	d every semester.	If it is not s	ubmitte	d, you will	not receive vou	r VA pavmei	nt.	
Name: Date:									

