

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)