

**Request for Veteran Noncredit Enrollment  
- Verification Form -**

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Educational Benefits**

- Chapter 30 Montgomery GI Bill
- Chapter 31 Vocational Rehabilitation
- Chapter 33 Post 911                      Percentage allowed: \_\_\_\_\_
- Chapter 35 Survivors & Dependents  
    Name of Veteran: \_\_\_\_\_  
    VA File or SSN of Veteran: \_\_\_\_\_
- Tuition Assistance                      Government Share: \_\_\_\_\_ Student Share: \_\_\_\_\_

**Course Information**

*Please note that you must submit a form **for each class.***

Course Name: \_\_\_\_\_ Tuition: \_\_\_\_\_

Enrollment Dates (Start/End): \_\_\_\_\_ Hours: \_\_\_\_\_

By signing this form you acknowledge it is your responsibility to inform Rutgers University of changes to your enrollment. If found ineligible for VA or federal benefits, you will be responsible for all tuition and fees assessed by the continuing education unit administering the noncredit course(s). **PLEASE NOTE:** VA benefits apply only to required courses taken and satisfactorily completed for each approved program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form via email or fax.**  
**Email:** [CEVeteranSupport@docs.rutgers.edu](mailto:CEVeteranSupport@docs.rutgers.edu) (preferred)  
**Fax:** (732) 932-7164