

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

Student Information

Last Name: _____ First Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Telephone: _____

NOTE: Social Security # is required. You will receive a phone call. Do **not** include it on this form.

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 # of Veteran: _____ (*you may receive a phone call to verify SSN as well*)
- 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 (*preferred*)
Fax: (732) 932-7164