

UNIVERSITY OF MINNESOTA DULUTH

Veterans Enrollment Certificate

Directions

Check all boxes that apply to you and provide additional information, if requested. Please be reminded that your University-assigned student e-mail account is the official means of communication. Please check your account frequently throughout the year. Your Social Security number is required to enter you into the Department of Veterans Affairs records system.

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

Return this form on campus to:

Veterans Resource Center
102 Darland Administration Building

or mail to:

Office of Financial Aid and Registrar
University of Minnesota Duluth
1049 University Drive
Duluth MN 55812-3011

or fax to: 218-726-8219

E-mail: umdvet@d.umn.edu

Phone: 218-726-8791

PART 1: Student background			
University student ID	Social Security number	Name (last, first, middle)	
Address (street, apartment number or P.O. Box number, city, state, ZIP Code)			
University-assigned e-mail address @d.umn.edu	Phone number (include area code)	Are you currently serving on active duty? <input type="checkbox"/> yes <input type="checkbox"/> no	

PART 2: Benefit programs			
Academic program: <input type="checkbox"/> undergraduate (major _____, minor _____, college _____) <input type="checkbox"/> graduate <input type="checkbox"/> pharmacy <input type="checkbox"/> medical			
Benefit program:	<input type="checkbox"/> Active Duty Chapter 30	<input type="checkbox"/> Chapter 1606	<input type="checkbox"/> Chapter 1607
<input type="checkbox"/> Chapter 33 Post-911 GI Bill Expected percent of eligibility _____%	Chapter 33, will you be using University Health Insurance? <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Chapter 35 Survivor dependent VA file no. _____	
Term/Year certification required <input type="checkbox"/> fall 20__ <input type="checkbox"/> spring 20__ <input type="checkbox"/> May/summer 20__			
Have you ever been certified for VA educational benefits at the University of Minnesota Duluth campus? <input type="checkbox"/> yes <input type="checkbox"/> no			
Will you be receiving Federal Tuition Assistance? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how much? \$ _____			

PART 3: Student certification			
My signature below authorizes the University of Minnesota Duluth to notify the Department of Veterans Affairs (VA) of any changes in my University of Minnesota Duluth student status. I will notify the Veterans Resource Center in 102 Darland Administration Building of any change(s) in my enrollment. I acknowledge that I must provide my Social Security number (SSN) to certify my enrollment at the University.			
Student signature			Date
for office use only			
college	major	minor	term/year
date application change form submitted and on file: _____ <input type="checkbox"/> paper <input type="checkbox"/> VONAPP		documentation received <input type="checkbox"/> DD214 <input type="checkbox"/> kicker \$ _____ <input type="checkbox"/> military orders <input type="checkbox"/> NOBE	
comments		staff initials	<input type="checkbox"/> fall 20__ <input type="checkbox"/> spring 20__ <input type="checkbox"/> May/sum 20__
		date	