



UMass

Dartmouth

OFFICE OF THE UNIVERSITY REGISTRAR

CERTIFICATION OF VETERAN STATUS

Year _____

Semester/Session: Fall Spring Full Summer Summer I Summer II Winter

NAME: _____
Last First Middle I.

ADDRESS: _____
Street

CITY: _____ STATE: _____ ZIP CODE: _____

Is this a change of address since you last used your benefits? YES NO

Student ID: _____ Email: _____

DEGREE PROGRAM: BA. BS. MS. MA. MAT MBA MFA

MAJOR: _____

Is this a change in your degree program or major since you last used your benefits? YES NO

Please check type of benefit:

CHAPTER 30 Montgomery GI Bill® (active duty began after June 1, 1985)

CHAPTER 31 Veteran Readiness and Employment

CHAPTER 35 Dependent of 100 % disabled or deceased veteran

CHAPTER 1606 Educational Entitlement for Selected Reserve

(eligibility based on enlistment status in National Guard or Reserve after June 1, 1985)

CHAPTER 33 Post 9/11 GI Bill® (90 days of aggregate service on or after 9/11/01)

(GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the U.S. government web site at <https://www.benefits.va.gov/gibill>)

Effective 1/5/21 per public law 116-315 section 1019: If you withdraw from a course, this may result in a balance due to the university, as overpayments will be returned to the VA, and you may be placed on a financial hold.

Number of credits registered for this semester: _____

This form MUST be completed each semester you are enrolled.

*** No validation will take place without submission of this form each semester.**

STUDENT SIGNATURE: _____

DATE: _____