

Registrar's Office
 P: 603-230-4014
 F: 603-230-9314
NHTIRegistrar@ccsnh.edu

Military Student Enrollment Certification Request Worksheet

This form must be completed prior to the start of the semester you want your enrollment to begin to be certified to receive military education benefits. Return the completed form to: NHTIRegistrar@ccsnh.edu.

Note: Dropping a class beyond the refund period will create a debt on your student account. Military education monies will be returned to the VA and/or DOD as required by law. You will become responsible for paying NHTI for the returned funds. A hold will be placed on your NHTI student account until the balance has been resolved. This will affect registering for any additional classes.

Name _____ Student ID # _____
 Major _____
 Address _____

 Street, City, State, ZIP _____
 Phone _____ Email _____

Please indicate which military education benefit you will be using:

- Chapter 30– Montgomery GI Bill® (prior active duty)
- Chapter 31– VR&E–Veteran Readiness and Employment Counselor's Name: _____
- Chapter 33– Post-9/11 veteran
- Chapter 33T– Post-9/11 dependent
- Chapter 35– VA dependent (need file# or SSN# of veteran) Spouse Child
- Chapter 1606– Montgomery GI Bill® (Reserves/National Guard/MO Guard)
- Tuition Assistance– NH National Guard Army /Reserves
- Tuition Waiver– NH National Guard (check one) Army Air
- Other: _____
- Do not certify – Please do not certify me for the above listed semesters/terms.

I understand NHTI policy on satisfactory progress and NHTI procedures for adding, dropping and withdrawal from school. I agree that it is my responsibility to comply with these policies and procedures.

I accept personal liability for any overpayment made to me by the VA which results from my failure to comply with NHTI policies and procedures, or VA regulations, and agree to refund such overpayment promptly to the VA or NHTI.

I agree to promptly notify the NHTI School Certifying Official of any and all changes that occur in the information furnished in this form.

I agree that if I change my enrollment, withdraw from my classes or leave NHTI, for any reason, I will notify the NHTI school certifying official.

By signing this form, you allow the release of grades or any other information required by the Department of Veteran Affairs, National Guard, DOD or other funding agency.

Student signature _____ Date _____

SCO Use: Certification Date _____ BDM Date _____

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