

**Registrar's Office**

P: 603-230-4014

F: 603-230-9314

E: [NHTIRegistrar@ccsnh.edu](mailto:NHTIRegistrar@ccsnh.edu)

## Military Student Semester Certification Worksheet

This form must be completed prior to the start of each semester you want your enrollment certified. Return the completed form to: [NHTIVeteranInfo@ccsnh.edu](mailto:NHTIVeteranInfo@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.

Student's Name: _____	Student's ID#: A_____
Academic Major: _____	DOB: _____
Telephone/Cell#: _____	Email: _____
Street Address: _____	Apt. #: _____
City: _____	State: _____ Zip: _____

**Select one:**

Please certify me for the <b>(check one)</b> :	Fall	Spring	Summer	Year:
<b><u>NOT Using</u></b> military benefits for <b>(check one)</b> :	Fall	Spring	Summer	Year:

**Please indicate which military education benefit you will be using:**

- Chapter 30** – Montgomery GI Bill (prior active duty)
- Chapter 31** – VRE - Veteran Readiness & Employment
- Chapter 33** – Post 9/11 Veteran
- Chapter 33T** – Post 9/11 Dependent
- Chapter 35** - VA Dependent
- Chapter 1606** – Montgomery GI Bill (Reserves/National Guard/MO Guard)
- Tuitional Assistance** - NH National Guard Army
- Tuitional Waiver** - NH National Guard **(check one)**:      Army                      Air
- Other:**

*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.*

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