



UNIVERSITY OF BRIDGEPORT

Student Financial Services
126 Park Avenue
Bridgeport, Connecticut 06604
(203) 576-4568 Fax (203) 576-4570

Veteran's Affairs Certification Request

Student Name: _____ Student ID # _____

Semester: _____ Program of Study: _____

Phone No. (Home): _____ (Cell): _____

Email: _____

Please attach to this form:

- 1) Copy of Certificate of Eligibility Letter, if haven't applied with the university before.
- 2) Schedule for current semester (must be completed *each* term)

IMPORTANT NOTICE

You may only take courses that apply to your program of study. If you take courses that do not apply to your major, it will result in overpayment of benefits which you will be responsible. You will only be certified for the courses you need to graduate in your major. REMEDIAL COURSES ARE AN EXCEPTION

<p>Have you ever used the GI Bill before? Yes__ No__</p> <p>Have you ever attended other Colleges or Military Schools? Yes__ No__</p> <p><i>If you answered YES to the above question, transcripts will be required.</i></p>
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I hereby request that verification of my enrollment as a student at University of Bridgeport is furnished to the Veteran's Administration. I certify that I will be in attendance and I am registered for the courses attached. I understand that it is **MY** responsibility to notify the VA Representative at University of Bridgeport of my enrollment status.

I also understand that the school can not be held liable as a result of the overpayment due to:

- 1) Misrepresentation
- 2) Mistake of facts
- 3) Failure to notify the school VA Officer of any course changes

Signature: _____ Date: _____

Signature of Certifying Officer: _____