



HARVARD UNIVERSITY  
VA Benefits  
Notice of Student Enrollment

Please complete and return to your Financial Aid Office

**Personal Information**

Harvard ID #: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_  
 School & Degree: \_\_\_\_\_

**Enrollment**

Semesters that you would like to be certified as enrolled:  
 Summer 20\_\_  Fall 20\_\_  Spring 20\_\_  
 Do you plan to waive Harvard's Student Insurance Plan?  
 Yes  
 No

**Benefit Election**

Chapter 30: Montgomery GI Bill  
 Chapter 31: Vocational Rehabilitation  
[Please visit the Sponsor Billing website for additional paperwork requirements](#)  
 Chapter 33: Post 9/11 GI Bill  
 What is your benefit eligibility\*? \_\_\_\_\_ %  
 Please attach a copy of your Certificate of Eligibility from the VA.  
 Chapter 35: Survivor's Benefits  
 File Number: \_\_\_\_\_  
 Chapter 1606 or 1607

**Service Information**

Are you applying for benefits as a veteran or the spouse/dependent of a veteran/active duty service person?  
 Veteran  Spouse  Dependent  
 Are you on active duty? (If you are using your spouse's coverage, are they on active duty?)  
 Yes  
 No  
 Have you used this benefit at another institution or for another program in this academic year (August-July)?  
 Yes - Please be sure to specify Harvard University as your primary institution for VA benefits going forward  
 No  
 Date (actual or expected) of discharge: \_\_\_\_\_  
 Will your eligibility for benefit coverage expire within the next academic year\*\*?  
 Yes  
 No

**Joint/Concurrent Degree Students:**

Will you be completing a joint or concurrent degree?  
 No  
 Yes - Joint/concurrent degree institutions:  
 Fall: \_\_\_\_\_  
 Spring: \_\_\_\_\_

\* Your eligibility percentage can be found on your Certificate of Eligibility  
 \*\*Certifications cover anywhere from 6 to 12 months, depending on enrollment dates