



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__ J-Term 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