



University Of Bridgeport
Divisions of Student Services
Financial Aid Office
126 Park Avenue
Bridgeport, Connecticut 06604
(203) 576-4568

YELLOW RIBBON Certification Request

***Before filling this form out please be ADVISED:**

- ✓ Eligibility of the yellow ribbon is at a first come first serve basis
- ✓ Only students that are eligible at 100% will be considered.
- ✓ It is your responsibility to notify us of any change in address, major or enrollment
- ✓ If you drop a course and are eligible for a refund, your refund will not be released until the following semester payment of tuition and fees is received from the VA. (If the VA sends less than requested, this may affect your refund)

Student Name: _____ Student ID # _____

Semester: _____ Program of Study: _____

Phone#:(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

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 IN EXCEPTION

Have your ever used the GI Bill before? Yes__ No__ Have you ever attended other Colleges or Military Schools? Yes__ No__ <i>If you answered YES to the above question, transcripts will be required.</i>
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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: _____

Office Use Only:

_____ Tracking # Eligible for: _____ YR/Chp 33 _____ Chp 33 Only