

Veteran Affairs Certification Form

Hampton University
Office of the Registrar
Hampton, VA 23668
(757)727-5779/ Vacert@hamptonu.edu

Please complete and submit to this office with a copy of your detailed schedule **each semester**.
Certificate of Eligibility required for new students.

Student's Name: _____

Student's ID #: _____.

Student's Email Address: _____

Contact Number: _____

Chapter of VA Benefits: 31 33(GI Bill) Other (Please specify) 1606

35(Please add service member/veteran's social security number if 1st submission _____)

Major/Minor: _____ Expected graduation date: _____

Would you like to be certified for the current semester? Yes No

School Term: _____ Year: _____

Do you currently receive any scholarships? Yes No

Are you eligible for Chapter 33-Yellow Ribbon? Yes No

Comments and Questions:

Student's Signature: _____ Date: _____

**** PLEASE NOTIFY THE REGISTRAR'S OFFICE OF ANY CHANGES MADE TO YOUR INFORMATION****