

A Higher Degree of Online Learning

PLEASE RETURN THIS COMPLETED FORM TO:

Charter Oak State College, Bursar's Office 185 Main Street, 2nd Floor, New Britain, CT 06051 Fax: 860.606.9610 Email: bursar@charteroak.edu

Military Program Eligibility Form

Service members and spouses must submit this completed form to the Charter Oak State College Bursar's Office to verify program eligibility prior to enrollment or course registration. The form must be signed by an appropriate certifying official prior to submission to the college.

Student Name		Date of Birth		
Student I vaine		Date of Bire		
Email Address		Phone Number		
□I am currently serving i	n the U.S. Military (Active Du	ity, Guard, or Reserve)		
OR				
\square My spouse is currently currently serving.	serving in the U.S. Military (A	Active Duty, Guard, or I	Reserve) and I am not	
Name of Service N	Member:			
Branch of Service (Branch	and National Guard or Rese	rve if Applicable):		
\square Army	□Marines]	□Reserve	
□Coast Guard	☐ Air Force			
□Navy	□National Guard	l		
Expiration Date on Curre	nt Military or Spouse ID Card	l:		
Current Installation:				
I verify that the information	I have provided above is correct	et and true.		
Signature of Student		Date		
	be completed and signed by a connel Officers, and Education S		ized officials include Adjutan	
Ι,	, certify dividual is currently serving as	that the information provi	ided above is true and correct	
and that the above-named ir	idividual is currently serving as	a service member in the	United States Armed Forces.	
Signature of Certifying Offi	cial	Date		
Title of Certifying Official		Phone Numb	per or E-Mail	
		Office Use Only:	<u>Date Processed:</u>	
		<u>Status</u> : □Approved □	Denied Staff Initials:	