

PLEASE RETURN THIS COMPLETED FORM TO:

Attention: Bursar's Office 85 Alumni Road, Newington, CT 06111 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 Admissions 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.

CT BOR policy prohibits the use of digital signatures so please use ink when signing below.

Student's Na	ame:							
Date of Birt	h:							
Email Address:				ı	Phone Number:			
Expiration D	Date on Current M	ilitary OR Spouse	e ID Card	:				
Select one of the following options: I am currently serving in the U.S. military (Active Duty, Guard or Reserve) OR My spouse is currently serving in the U.S. military (Active Duty, Guard or Reserve) and I am not currently serving								
	Name	of Service Memb	er:					
Branch of Service Army Coast Guard Navy Marines Air Force Nat'l Guard Rese (Branch and Nat'l Guard or Reserve if applicable)							Reserve	
Current Inst	callation:							
I verify that the information I have provided above is correct and true.								
Signature of Student:					Date:			
	ation below is to b utants, Military Co	•	_		-		;	
	that the above-na d States Armed Fo							
Signature of Certifying Official					Date			
 Title				 F	Phone or ema	 nil		