

Veteran Affairs Certification Form

HAMPTON UNIVERSITY
OFFICE OF THE REGISTRAR
HAMPTON, VA 23668
(757) 727-5324/FAX (757) 727-5095
REGISTRAR@HAMPTONU.EDU

Please complete and submit to this office with a copy of your schedule each semester.

Student's Name: _____

Student's ID #: _____

Student's Email Address: _____

Contact Number: _____

Chapter of VA Benefits: 31 33 (GI Bill) 35 Other

Major/Minor: _____

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 TO YOUR INFORMATION****