

Enrollment Verification for GI Bill Certification

****This form must be filled out completely or your certification will not be processed****

Please fill the form, print, and submit a signed copy **In Person** .

NPUIUD: _____ NAME: _____ (Last, First) EMAIL: _____ CONTACT #: _____ Veteran <input type="checkbox"/> Spouse/Dependent <input type="checkbox"/>	Term you are enrolling in: Year: _____ <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Major: _____
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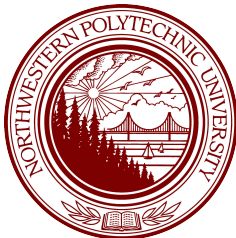
Please NOTE: If you have less than 100% rating from the **GI Bill Educational Benefits**, you will have a balance that must be paid or classes will be dropped.

GI Bill Chapter you are using: <input type="checkbox"/> 30 Montgomery GI Bill <input type="checkbox"/> 31 Vocational Rehabilitation <input type="checkbox"/> 33 Post-9/11 GI Bill <input type="checkbox"/> 35 Dependant Education Assistance <input type="checkbox"/> 1606 Selected Reserve <input type="checkbox"/> 1607 Reserve Education Assistance <input type="checkbox"/> TA Tuition Assistance	BRANCH OF SERVICE: <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY
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Course #	Course Title	Units	Session Dates MM/DD/YY - MM/DD/YY	*Zip Code
Total Units:			* You are required to enter the zip code of each course enrollment / internship / or practicum hours that you are attending this term	

I hereby certify that the information provided is true, correct, and complete. **I acknowledge that any adjustments made to my class schedule after the submission of this form, I must notify the University.**

Signature _____ Date: _____



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