

Student's Name:

Date of Birth:

Title

PLEASE RETURN THIS COMPLETED FORM TO:

Attention: Admissions Office 55 Paul Manafort Drive, New Britain, CT 06053 Fax: 860.760.6047 | Email: admissions@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.

Email Address:			P	Phone Number:			
Expiration Date on Current Mi	litary OR Spouse	E ID Card:					
Select one of the following op	tions:						
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 Member:							
Branch of Service Army Branch and Nat'l Guard or Reserve if applicable) Current Installation: I verify that the information I	Coast Guard	Navy	Marines	Air Force ue.	Nat'l Guard	Reserve	
Signature of Student:				Date:			
The information below is to be completed and signed by a certifying official. Authorized officials nclude Adjutants, Military Commanders, Personnel Officers, and Education Service Officers.							
, certify that the information provided above is true and correct and that the above-named individual is currently serving or is a dependent of a service member n the United States Armed Forces.							
Signature of Certifying Official			D	Date			

Phone or email