

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 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	
Email Address	Phone Number	
☐I am currently serving in the U.S. Military (Ac	etive Duty, Guard, or Reserve)	
Branch of Service (Branch and National Guard o	or Reserve if Applicable):	
\square Army		
□Coast Guard		
□Navy		
□Marines		
☐ Air Force		
□National Guard		
□Reserve		
Expiration Date on Current Military ID Card: _		<u> </u>
Current Installation:		
I verify that the information I have provided above i	is correct and true.	
Signature of Student		
		_
The information below is to be completed and signe Military Commanders, Personnel Officers, and Educ		ed officials include Adjutants
I,	certify that the information provide	ed above is true and correct
and that the above-named individual is currently ser	ving as a service member in the Un	ited States Armed Forces.
Signature of Certifying Official	Date	
Title of Certifying Official	Phone Number	or E-Mail
	Office Use Only:	Date Processed: