



Office of the Registrar

Enrollment Certification for Veteran Benefits Request

Borough of Manhattan Community College The City University of New York www.bmcc.cuny.edu 199 Chambers Street, S315 New York, NY 10007-1097 tel. 212 220-1290 fax. 212 220-1254

8-digit CUNYfirst ID _____ 9-digit SSN: _____

Last Name _____ First Name _____ Parent's SSN (For CH 35) _____

Address _____

Phone# _____ Email _____ Major _____

Period of certification: Year _____ (Check one; if more than one term, use multiple forms)

Fall Winter Spring Summer (6W1) Summer (5W2) Summer (7W1) Summer (10W) Summer (12W)

Military Status:

Military Start Date _____ Military Discharge Date _____ Branch of Service _____

Benefit Status (Check one)

Chapter 33 (Post 9/11) Chapter 35 Reserves Chapter 1606 Chapter 31 National Guard Chapter 30 (GI Bill)

Are you a new student? No Yes If yes, provide your Certificate of Eligibility

Please indicate number of credits/hours that are online (if any) _____

I hereby request certification by the Registrar of my enrollment. This certification will be sent to the Veterans Administration for purposes of receiving Educational Military Benefits under the G.I. Bill.

I understand that if I drop/withdraw from either the college or from a course(s), BMCC is under legal obligation to notify the Veterans Administration.

Student Signature _____ Date _____

FOR REGISTRAR ONLY:

Date	Course/Credits	Initials

Comments:

