



OFFICE OF THE REGISTRAR
YALE LAW SCHOOL
 127 Wall Street
 New Haven, CT 06511

**Request to be Certified for Veterans
 Affairs Education Benefits**

NOTES: Make sure your records are on file with the Buffalo Office of Veterans Affairs (VA).
 File your DD214 with the VA to verify your separation date.

INSTRUCTIONS: Complete and return to Registrar's Office.
 Include a copy of your letter of eligibility from the VA, if this is your first term at the Law School.

Student Information

Last Name: _____ First Name: _____ Student ID#: _____
 VA File Number (new students): _____ For dependents (new students): VA Payee Number: _____
 Academic Year Mailing Address: _____
 Telephone Number: _____ Cell phone Landline

Benefit Information

- I am not requesting certification this academic year
- I request that Yale Law School (YLS) certify my enrollment for VA Education Benefits for the academic year under (select one)
 - Chapter 31 (Vocation, Rehabilitation, and Employment)

Name and contact information for your counselor in Hartford: _____

Submit a copy of your 28-1905 form to the Yale Student Financial Services office with a written request that the office send an invoice for all tuition, fees and book costs to your counselor in Hartford for each term.
 - Chapter 30 (Montgomery)
 - Chapter 33 (Post-9/11 GI Bill)
 - Chapter 35
 - Other (specify): _____

Yellow Ribbon (YR) Benefit:

- I am eligible and have been approved for participation in this program
- I am not eligible for Yellow Ribbon benefits



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Health Coverage:

I am using the full Yale Health coverage, including the prescription and supplemental hospitalization plans.

I am waiving the Yale Health coverage.

Scholarships and Grants Exclusively for Tuition and Fees:

Note: Yale Law School financial aid awards and grants are based on your full anticipated needs; they are not exclusively for tuition and fees.

I have no such scholarships or grants

I have accepted the following grants or scholarship awards that are defined as exclusively to cover tuition and fees, and I understand that the amount of YLS tuition and fees reported to the VA will be reduced by the amount of these awards:

Name of Scholarship or Grant: _____

Amount: _____ Per term Full Year

Request for Benefits:

I request that you certify my enrollment for the following units for each term:

(Default is 16 units for the first-year first term, and 12 for each semester thereafter)

_____ Fall term

_____ Spring term

I understand that if any details of my VA Educational Benefits Eligibility change during the academic year, I must notify both Judith Calvert, the SCO, and Jacqueline Outlaw, the YLS Director of Financial Aid, by submitting a revised letter of eligibility from the VA Office and a revised Request for Certification of VA Education Benefits form.

Note: The School Certifying Officer (SCO) will certify your enrollment for the full year at the minimum number of units

Student Signature: _____ Date: _____

Office Use Only

Approved by:

SCO Signature: _____ Date: _____

Entered into VA-Once: _____ Date: _____

Notes:

