

# UNIVERSITY OF HARTFORD

## Veteran Benefits Curriculum Requirement Form

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Term: \_\_\_\_\_

School: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

I acknowledge that the courses listed below will fill requirements necessary for the student's program.

CRN	Subject	Course number

Student Signature: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If the student changes their schedule and does not inform the Center for Student Success in a timely manner, it may affect their VA Education Benefits.