

University of Hawai'i at Mānoa Mānoa Enrollment Form

(For UH Mānoa Courses only. Courses taken at other UH campuses must be approved via a Concurrent Enrollment form.)

This form cannot be submitted until you have **officially registered**. Obtain your **undergraduate college advisor's** or **graduate departmental advisor's** confirmation of these courses for VA certification.

UH ID#: _____ - _____ **CH 35 (Only)** VA File#: _____

Name (Last, First, M.I.): _____

Mailing Address: _____ Zip Code: _____ If new address _____

Cell Phone No: (_____) _____ Email: _____@hawaii.edu

Chapter # (circle): **30** | **31(Voc Rehab)** | **35** | **1606** | **1607** | **33 (Post-9/11 VETERAN)** | **33 (Post-9/11 DEPENDENT)**

Degree: _____ Major: _____

Check off all that apply to you this semester:

- I am on ACTIVE DUTY
- I am changing/declaring my major and have submitted a VA Change of Major Form to the Registrar's Office
- This is my graduating semester
- I am registered for **Extension course(s)** through Outreach College
- I am receiving Federal Financial Aid
- I am receiving Tuition Assistance in the amount of \$ _____
- I am enrolled in MSL or AS courses (ROTC) & have submitted a memo to the Registrar's Office regarding these courses

I certify that **ALL** courses listed below are applicable towards my degree objective. I will complete a Change of Enrollment (ADD/DROP) Form **if I make ANY changes** to my schedule. I understand that previous education and training (transcripts) must be evaluated within 2 semesters or benefits may be suspended and the VA may create an overpayment on my account.

Student's Signature: _____ **Date:** _____

UH MANOA Course (e.g., ENG 100)	✓ If course is an extension course	Course Title (e.g., Composition I)	Degree Requirement (e.g., FW, WI, major)	Credits (e.g., 3)	*✓ If Repeating

Semester/Year: _____ **Total Credits:** _____

*Repeated courses may not be applied to VA benefits. If courses are found to be repeats of already counted requirements, VA will create an overpayment.

I certify that these courses are required subjects within the student's approved degree objective, as indicated above, and will count toward **degree requirements** as Program, General Education, or Required Elective courses. I have crossed off any that do not apply.

Advisor's Signature: _____ **Date:** _____

**College (undergraduate)/
Department (graduate):** _____ **Phone:** _____