



VA Education Benefits Notice of Participant Enrollment

Please complete the form below and submit via email to exed@hks.harvard.edu.

Personal Information

Name:

Mailing Address:

Phone Number:

Email Address:

Name of Executive Education Program:

School:

Period of Enrollment

Program Start Date:

Program End Date:

Service Information

Are you a veteran, or are you a spouse/dependent of a veteran/active-duty service person?

Veteran

Spouse/Dependent

Did you attend a service academy?

Yes

No

Did you attend college on an ROTC scholarship?

Yes

No

Are you on active duty?

Yes

No

Date (actual or expected) of discharge:

Benefit Election

Chapter 30: [MGIB-AD/Montgomery GI Bill Active Duty](#) (pays the participant directly)

Chapter 31: [VR&E/Veterans Readiness and Employment](#) (pays Harvard directly)

Chapter 33: [Post-9/11 GI Bill](#) (pays Harvard directly)

What is your benefit eligibility listed on your Certificate of Eligibility?

Please submit a copy of either your Certificate of Eligibility or your DD-214

Chapter 35: [Survivor's Benefits](#) (pays the participant directly)

File Number:

Chapter 1606: [MGIB-SR/Montgomery GI Bill Selected Reserve](#) (pays the participant directly)