



Boston University Metropolitan College  
Center for Professional Education

# Registration Form for Students Using Veteran's Benefits for Non-Credit Courses/Programs

**Please print all information legibly.**

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

VA File Number: \_\_\_\_\_

### Program/Course Information

Program/Course Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Clock Hours per Week: \_\_\_\_\_  
(not credit hours)

Total Cost: \_\_\_\_\_

Program Contact: \_\_\_\_\_  
(Name)

Program Contact: \_\_\_\_\_  
(Phone) (Email)

**REQUIRED: Please attach a copy of your VA Certificate of Eligibility**

This form and a copy of your VA Certificate of Eligibility should be returned to the Center for Professional Education.

• Fax: 617-353-4494 • Email: [cpe@bu.edu](mailto:cpe@bu.edu) • 1010 Commonwealth Avenue, 2<sup>nd</sup> Floor | Boston, MA 02215