



2017 – 2018 Military Status Student/Spouse Self - Certification

NAME _____

CSID# _____

1. Were you or your spouse active military in 2015?

(Please Circle)

Student	YES	NO
Spouse	YES	NO

If YES, how many months of 2015 were you and/or your spouse active duty? _____.

2. Will you and/or your spouse be active military anytime from 7/1/17 thru 6/30/18?

(Please Circle)

Student	YES	NO
Spouse	YES	NO

If NO, **Stop**, Sign & Submit. You do not need to go any further.

3. If YES, will you and/or your spouse be active duty the entire time?

(Please Circle)

Student	YES	NO
Spouse	YES	NO

If YES, **Stop**, Sign & Submit. You do not need to go any further.

4. If NO, what date will you and/or your spouse be discharged?

Discharge date for student	_____ (month,day,year)
Discharge date for spouse	_____ (month,day,year)

SIGNATURE _____

DATE _____