VETERANS EDUCATIONAL REGISTRATION FORM

BENGAL NUMBER _____

SOCIAL SECURITY NUMBER _____

VA FILE NUMBER _____

SEMESTER
__ Fall
__ Spring 20_____
__ Summer (year)

NAME _____ BIRTH DATE _____.

ADDRESS_____
(Street) (City) (State) (Zip)

PHONE NUMBER _____ E-MAIL _____.

DEGREE: ☐ Certificate ☐ AAS ☐ BAT ☐ AA ☐ AS ☐ BA ☐ BS ☐ BBA ☐ MA ☐ MS ☐ Other _____.

MAJOR _____ ESTIMATED GRADUATION DATE _____.

CHECK THE BENEFITS YOU ARE ELIGIBLE TO RECEIVE:

☐ CHAPTER 30 Active Duty GI Bill

☐ CHAPTER 31 Voc Rehab

☐ CHAPTER 35 Dependents

☐ CHAPTER 1606 Reserve or Guard

☐ CHAPTER 1607 Reserve or Guard Active Duty

FOR CHAPTER 30 ONLY: ARE YOU CURRENTLY ON ACTIVE DUTY? ☐ Yes ☐ No

CLASS SCHEDULE

DEPT NAME	COURSE #	SECTION #	CREDITS	IS THIS A REPEAT?	* FOR OFFICE USE ONLY *

DATE _____ SIGNATURE OF STUDENT _____.