

Student ID# _____

Veteran's Information Sheet

Name: _____ Soc Sec Number: _____

Address: _____ VA File Number: _____

City: _____ State: _____ Zip Code: _____

New Address: _____ Yes _____ No (If yes, fill out "Change of Address" form)

Phone: _____ Major: _____

Total number of credits transferred to Program: _____

Fall Semester _____ Number of credits: _____
Spring Semester _____ Number of credits: _____
Summer Semester _____ Number of credits: _____

REMEMBER: 12 credits is full-time status. 6 credits is full-time for summer.

Please check one of the following listed below:

_____ Montgomery GI Bill Active Duty Educational Assistance Program
(Chapter 30)

_____ Vocational Rehab Counseling at VA Regional Office in St. Paul
(Chapter 31)

_____ Dependents Survivors' and Dependents' Educational Assistance
(Chapter 35)

_____ Montgomery GI Bill Reserve/Guard Educational Assistance Program
(Chapter 1606)

_____ Montgomery GI Bill Reserve Educational Assistance Program (REAP)
(Chapter 1607)

Please notify this office in to change your credits (increase/decrease) and/or if you withdraw from school. If you plan on attending summer session, please contact this office so that your benefits will not get interrupted.

I hereby certify that the information I have given is true and correct to the best of my knowledge and belief.

Signature

Date