

Veterans Educational Benefits - 2008/2009 Enrollment Data

NAME: _____ V.A. File #: _____

(Mandatory - required by V.A.--see Title 38, USC 3471 and 1713)

MAIL V.A. CHECK TO: _____ UNC P.I.D.# _____

Street

(Person Identification Number)

City

State

Zip

LOCAL PHONE: _____ EMAIL ADDRESS: _____

I AM APPLYING FOR:

Chapter 30 Benefits	(Montgomery G.I. Bill)	
Chapter 31 Benefits	(Vocational Rehabilitation)	
Chapter 32 Benefits	(Post-Vietnam Era Veterans Education Assistance)	
Chapter 34 Benefits	(Vietnam Era G.I. Bill)	
Chapter 1606 Benefits	(Selected Reserve) Kicker _____	
Chapter 35 Benefits	(Survivor and Dependent Educational Assistance)	SS#
Active Duty* Benefits	(Montgomery G.I. Bill) <small>*Certifications are submitted per semester only; please apply each semester for active duty VA benefits</small>	
Chapter 1607	(Reservist called to Active Duty after 9/11)	

CLASSIFICATION: () Undergraduate () Graduate

PROGRAM: () BA () BS () MA () MS () Law () Medicine () Dental () PhD
 () Continuing Studies Degree Seeking () Other: _____
 () Transfer Student with _____ hours transferred to UNC-CH
 () Visiting Student* from _____ college/university

*Must submit documentation from parent school verifying these courses are transferable and meet degree requirements

I REQUEST CERTIFICATION TO THE V.A. FOR THE FOLLOWING ENROLLMENT:

Term	University Calendar Dates	Hours?	Registered?	Fulltime?	Part time?
First Summer 2008	5/13/08 - 6/13/08				
Second Summer 2008	6/19/08 - 7/22/08				
Fall 2008	8/14/08 - 12/3/08				
Spring 2009	1/9/08 - 4/27/08				
Other term:					

<input checked="" type="checkbox"/>	Allow 3 months for the Veterans Administration Atlanta Regional Office to process this claim
<input checked="" type="checkbox"/>	Complete new data sheet EVERY SEMESTER continuation of VA Educational benefits - renewal is not automatic

I agree to advise the UNC-CH Veterans Services Office of any changes to the above information and understand that failure to report changes to my enrollment may cause an overpayment for which I would be responsible for repayment to the V.A. If I fail to report changes to my enrollment status, I understand that this office reserves the right to process subsequent certifications by semester and/or after the semester is completed. I acknowledge that the UNC-CH Veterans Services Office may release non-directory information to the Veterans Administration as needed to comply with V.A./Government regulations:

rev 2/06

Signature

Date

Return to: Veterans Services 450 Ridge Rd. SASB North Chapel Hill, NC 27599 Fax: 919-962-3349