

SUMMER ENROLLMENT INFORMATION FORM

University of Oregon Office of Veterans Affairs
 5257 University of Oregon Eugene, OR 97403-5257
 Phone: 541-346-3119 Fax: 541-346-6682 Email: veterans@uoregon.edu
 Website: <http://registrar.uoregon.edu/veterans>

Name: _____

Last
First
MI
Social Security Number
UO ID Number

Address: All VA correspondence and checks (if not direct deposit) will be delivered to this address.

Number Street City State Zip Code

Phone: _____ **Email:** _____

Degree: _____ **Major:** _____ **Minor:** _____
(BA, BS, BFA, MS, etc.) (If applicable)

Enrollment for Summer 20 _____:

Dept	Course #	CRN	Course Title	Credits

Type of Benefit:

- | | |
|---|--|
| <input type="checkbox"/> Chapter 33 (Post-9/11 GI Bill) | <input type="checkbox"/> Chapter 30 (Montgomery GI Bill) |
| <input type="checkbox"/> Chapter 1606 (Reservist/Guard) | <input type="checkbox"/> Chapter 1607 (REAP) |
| <input type="checkbox"/> Chapter 32 (VEAP) | <input type="checkbox"/> Chapter 35 (Dependent) _____
<small>VA File Number</small> |

Have you used VA education benefits before? No Yes If yes, where: _____

Are you attending another college during Summer Term? No Yes If yes, give details: _____

College Courses Dates

New UO students or returning UO students with transfer credits earned since last UO attendance:

College	Number of Credits/Degree	Approximate Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

You must also complete an "Approved List of Courses" (ALC) and have it signed by your major adviser each academic year. **Only the minimum number of credits required for you to receive your degree can be certified for VA education benefits.** It is your responsibility to immediately notify the VA Coordinator of any changes in academic plans or enrollment since this may affect your VA benefits.

Student Signature: _____ **Date:** _____