

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:

Fall 20 _____ Number of Credits: _____
Winter 20 _____ Number of Credits: _____
Spring 20 _____ Number of Credits: _____

Type of Benefit:

- Chapter 33 (Post-9/11 GI Bill)
- Chapter 30 (Montgomery GI Bill)
- Chapter 1606 (Reservist/Guard)
- Chapter 1607 (REAP)
- Chapter 32 (VEAP)
- Chapter 35 (Dependent) _____
VA File Number

Check if you completed the following forms online: (if applicable)

- 22-1990 or 22-5490 "Application for VA Benefits"
- 22-1995 or 22-5495 "Change of Program or Place of Training"

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

Are you attending another college during any of the above enrollments periods? 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:** _____