## 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:					
L	ast	First	MI	Social Security Number	UO ID Number
Address:	All VA correspo	ndence and checks (if not	direct deposit) will be	delivered to this address.	
Number	Stree	t	City	State	Zip Code
Phone: _			Email:		
Degree: _		Major:		Minor:	(If applicable)
	(BA, BS, BFA, MS	S, etc.)			(If applicable)
Enrollmer	nt for Summer	20:			
Dept	Course #	CRN	Course Title	Credits	
					-
					-
					-
					-
Type of B	enefit:				
☐ Chapter 33 Post-9/11 GI Bill®			☐ Chapter 30 Montgomery GI Bill		
☐ Chapter 1606 Reservist/Guard			☐ Chapter 1607 REAP		
☐ Chapter 32 VEAP			☐ Chapter 35 DEA		
Chapter oz vezi			Chapter 35 DEA		umber
Have you u	sed VA educat	ion benefits before?	No ☐ Yes If yes, v	vhere:	
-		college during Summer			
Ale you all	ending another	conege during outliner	Term:   NO	res il yes, give detalis.	
College Cours				Dates	
	<b>udents or retur</b> i College	ning UO students with tra	Insfer credits earned Number of Credit	since last UO attendance:	rovimato Datos
,	Jollege		Number of Credit		roximate Dates
-					
	ind that I mus Term registrat		f Veterans Affairs	immediately if I make any	changes to my
Jummer	ciiii i <del>c</del> yisiidi	IVII.			
Student S	ignature:			Date:	

GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government Website at http://www.benefits.va.gov/gibill.