

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 DEA _____
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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:** _____