UNC CHARLOTTE

VA BENEFIT ENROLLMENT FORM

Name: _____ **Student ID #:** _____

BENEFIT INFORMATION

Select only one box from the listed Veteran Benefits below. If you do not not know which benefit applies to you, Please ask before making a selection

- ☐ **Chapter 33 -** Post 9/11 GI Bill
- ☐ **Chapter 33** - Post 9/11 GI Bill (transferred)
- ☐ **Chapter 31**- Vocational Rehabilitation
- ☐ **Chapter 30 -**Montgomery GI Bill
- ☐ **Chapter 35** - Survivor and Dependent
- ☐ **Chapter 1606 -** Selected Reserves/Guard
- ☐ **Chapter 1607 -** REAP

*If you are a recipient of **Chapter 31**:
What is your Counselors name: _____

*If you are a recipient of **Chapter 35:**
What is your VA File Number: _____

Program: ☐ Undeclared/UCOL ☐ BA ☐ BS ☐ Graduate ☐ Certificate

Major: _____

Visiting Student: ☐ Yes ☐ No *If yes what is* **Primary institution**:_____

PERSONAL INFORMATION

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **School Email:** _____ **@uncc.edu**

Please indicate the semester that you will be utilizing VA Benefits by completing the section below. You must be enrolled in classes before this form is processed.

☐ Fall	_____Year	_____Credit Hours
☐ Spring	_____Year	_____Credit Hours
☐ Summer Session I (5 weeks)	_____Year	_____Credit Hours
☐ Summer Session II (5 weeks)	_____Year	_____Credit Hours
☐ Full Sumer (10 Weeks)	_____Year	_____Credit Hours

Did you accept or waive the Student Blue Health Insurance? ☐ Accept ☐ Waived

I am aware that every semester hereafter I must complete a benefits enrollment form found on the VSO Website. In addition, If at any time during my enrollment at UNC Charlotte I drop a course, withdraw from school, stop attending class, change my major or change my status in any way, **it is my responsibility to notify the Veteran Service Office**. Furthermore, I understand the failure to notify of such changes could result in a lapse of benefits.

Please Initial:_____

Signature: _____ Date:_____