## Veterans Request Form Must Be Completed Prior to Each Semester

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Semester,20 Total credit hours you want benefits for <b>this term</b>	-
Name (First MI Last ) UA ID#	_
Date of Birth Contact Number Secondary Number	
New Address?     Yes     No       Street Address     City, State       Zip Code     P.O Box #	_
UA E-mail:@zips.uakron.edu Campus/College (i.e. Main, Summit)	
DEGREE (AA, BA, BS, MPH) MAJOR (i.e. Psychology)	
If applicable, specify concentration.         Is this a change of major?       Yes         No       If yes, you must fill out a VA form 1         As of date:	995 (COP)
Student Status: Undergraduate Graduate Semester last attended UA,	
Did you receive VA Benefits?YesNoAre you applying for Financial Aid?YesNo Do you have Scholarships, Pell,Are you under contract with ROTC?YesNo Did you apply for ONGS?	
Chapter of benefits requested: (Check one)         33       Post 9/11 GI Bill (Veteran will forfeit previous benefit)         30       Are you currently on active duty or AGR         1606       National Guard/Reserve (If applicable, remember to apply for the ONG scholarsh         1607       National Guard/Reserve (If applicable, remember to apply for the ONG scholarsh         35       Dependant/Child/Disabled Vet VA Claim Number C	ip)
If you have attended any other college or university and have not reported prior/transfer created university of Akron, please indicate below and complete VA form 1995 (COP). Name of Institution Dates Attended	
Name of Institution Dates Attended	
Are you repeating any classes during this semester? Yes No If yes, please explain	
By signing below, I certify that all of the courses listed on my schedule will apply toward my because they are required or will serve as electives. In addition, I certify that all information is true and accurate to the best of my knowledge and that I have read the <u>Veteran's Respo</u> <u>Form</u> and I will comply with all regulations specified. I authorize The University of Akron to information pertaining to my school record to the Veterans Administration as needed	on this form nsibilities
Student Signature:Date:Date:	

MSC Counselor Initials & Date: \_\_\_\_\_ (for office use only)