VETERAN SERVICES OFFICE

VA BENEFIT ENROLLMENT FORM

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

Address: _____

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

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

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 30 -** Montgomery GI Bill
- ☐ **Chapter 35 -** Survivor and Dependent
- ☐ **Chapter 31 -** VR&E
- ☐ **Chapter 1606 -** Selected Reserves/Guard

*If you are a recipient of **Chapter 31**:

Include Counselor's name & email: _____

*If you are a recipient of **Chapter 35:**

Include Sponsor's VA File Number: _____

Sponsor's name (First & Last): _____

*If you are a recipient of **Chapter 33**:

Did you accept or waive the Student Blue Health Insurance?: **Accept/ Waived**

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ACADEMIC INFORMATION

Program:_____ **Major/Concentration:**_____

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

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.

Term (Fall, Spring, Summer)	Year(s)	Credit Hours

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.

Initials:_____

Signature: _____ Date:_____