VETERANS WORKSHEET

Return to: Office of the Registrar FAC 80 University of Detroit Mercy 4001 West McNichols Detroit, MI 48221 PHONE (313) 993-3313 registrar@udmercy.edu FAX (313) 993-3317

Name	ID#	
E-mail address:	(Social Security Date of Birth	Number)
(VA Program you are eligible for): (Chp 30) Montgomery (Active Duty) G.I. Bill® (Chp 33) Post-9/11 GI Bill® Are you eligible fr (Chp 1606) Montgomery (Reserve/Nat'l Guard) G (Chp 35) Dependent of Veteran G.I. Bill® (Chp 32) VEAP (Chp 31) VA Vocational Rehabilitation	or Yellow Ribbon? Yes or No	
Address (you want VA to have)(Street)	(City & State)	(Zip Code)
Phone Number ()	(,,	(
Please be advised. Since we have multiple beginning should be alert to the fact that the beginning and end money the VA will send you for the month. We will re regulations specify for your monthly pay. When a co enrollment.	ling dates of each individual course w eport these dates to the VA so they ca	ill affect the amount of n determine what their
1. Degree (or certificate) objective	Major	
2. Expected date of graduation (month/year)		
3. Where did you last receive VA benefits?At U Students enrolled in undergraduate degree programs ma (If changing schools, need to complete Change of Pla	ay be eligible to receive credit based on p	roviding copy of DD214
4. Semester Registering For: Num	ber of credit hours registering for this ser	mester
5. Are you repeating any courses?	_ Which ones?	
6. Courses that do not meet for the full length of the sen exclude them during the rest of the semester when do do not last the full length of the semester? (i.e., Wee	leciding how much you will be paid. Are t	
Changes in course enrollment after the last day to dro unless the VA finds mitigating circumstances involved day of class. Courses added during the drop/add per was added, <u>not the first day of the session</u> (as a resu amount expected).	d in the change. Loss of benefits could r riod are considered by the VA to begin of	evert back to the first n the day the course
I AM AWARE THAT CHANGES IN MY REGISTRATION I understand that I will be liable for any overpayment whic above are all courses I am repeating (#5.		
I AM ALSO AWARE THAT I MUST FILL OUT THIS FOR I hereby certify that all statements are true and complete		RING FOR CLASSES.

Signature

Date

3/2013

Please add me to the email listserve for the UDM Veteran Student Organization (UDMVSO) Circle YES or NO

If ves, do you want to use your UDM email? Circle YES or NO or Email address listed above? Circle YES or NO