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 Number) | |
| (VA Program you are eligible for): (Chp 30) Montgomery (Active Duty) G.I. E (Chp 33) Post-9/11 GI Bill® Are you eligit (Chp 1606) Montgomery (Reserve/Nat'l Guar (Chp 35) Dependent of Veteran G.I. Bill® (Chp 32) VEAP (Chp 31) VA Vocational Rehabilitation | ible for 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 begins should be alert to the fact that the beginning and money the VA will send you for the month. We w regulations specify for your monthly pay. When enrollment. | ending dates of each individual course w vill report these dates to the VA so they ca | affect the amount of an determine what their |
| 1. Degree (or certificate) objective | Major | |
| 2. Expected date of graduation (month/year) | | |
| 3. Where did you last receive VA benefits? Students enrolled in undergraduate degree programs (If changing schools, need to complete Change of | s may be eligible to receive credit based on p f Place or Training Form during first semeste | providing copy of DD214 r of transfer) |
| 4. Semester Registering For: I | Number of credit hours registering for this se | mester |
| 5. Are you repeating any courses? | Which ones? | |
| 6. Courses that do not meet for the full length of the exclude them during the rest of the semester who do not last the full length of the semester? (i.e., v | en deciding how much you will be paid. Are | |
| Changes in course enrollment after the last day t unless the VA finds mitigating circumstances invo day of class. Courses added during the drop/add was added, <u>not the first day of the session</u> (as a amount expected). | olved in the change. Loss of benefits could r d period are considered by the VA to begin o | evert back to the first n the day the course |
| I AM AWARE THAT CHANGES IN MY REGISTRAT. I understand that I will be liable for any overpayment above are all courses I am repeating (#5. | | |
| I AM ALSO AWARE THAT I MUST FILL OUT THIS I I hereby certify that all statements are true and comp | | ERING 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