

FIRST NAME  M.I.  LAST NAME

IS THIS A CHANGE OF MAJOR?

YES  NO

PHONE  DATE OF BIRTH

AS OF DATE (IF YES)

ADDRESS  CITY, STATE

ZIP CODE  P.O. BOX (IF APPLICABLE)

TOTAL CREDIT HOURS THIS TERM

UA EMAIL  STUDENT ID #

DID YOU RECEIVE VA BENEFITS?  YES  NO

CAMPUS (I.E. MAIN, WAYNE, MEDINA)  STUDENT STATUS (CHOOSE ONE)

ARE YOU APPLYING FOR FINANCIAL AID?  YES  NO

DEGREE  MAJOR

DO YOU HAVE SCHOLARSHIPS, PELL, OCOG?  YES  NO

SEMESTER  YEAR

ARE YOU UNDER CONTRACT WITH ROTC?  YES  NO

DID YOU APPLY FOR ONGS?  YES  NO

CHAPTER OF BENEFITS REQUESTED (CHECK ONE)

- 30 \_\_\_\_\_ ARE YOU CURRENTLY ON ACTIVE DUTY OR AGR
- 31 \_\_\_\_\_ VETERANS READINESS AND EMPLOYMENT (VR + E)
- 33 \_\_\_\_\_ POST 9/11 GI BILL %
- 35 \_\_\_\_\_ VETERAN'S NAME  VA FILE # (VETERAN'S SSN#)
- 1606 \_\_\_\_\_ NATIONAL GUARD/RESERVE (IF APPLICABLE, REMEMBER TO APPLY FOR THE ONG SCHOLARSHIP)

IF YOU HAVE ATTENDED ANY OTHER COLLEGE OR UNIVERSITY AND HAVE NOT REPORTED PRIOR/TRANSFER CREDITS TO THE UNIVERSITY OF AKRON

ARE YOU REPEATING ANY CLASSES THIS SEMESTER?

YES  NO

NAME OF INSTITUTION  DATES ATTENDED

IF YES, PLEASE EXPLAIN

NAME OF INSTITUTION  DATES ATTENDED

By signing below, I certify that all of the courses listed on my schedule will apply toward my degree either because they are required or will serve as electives. In addition, I certify that all information on this form is true and accurate to the best of my knowledge and that I have read the **Veteran's Responsibilities Form** and I will comply with all regulations specified. I authorize The University of Akron to release any information pertaining to my school record to the Veterans Administration as needed.

STUDENT SIGNATURE  DATE

MSC COUNSELOR INTITALS (FOR OFFICE USE ONLY)  DATE