

Military & Veterans Semester Enrollment Form

You must complete this certification form each semester. Your VA benefits will only be based on courses that are required for your curriculum as outlined in the University Catalog. If you change your schedule, you must submit a UBalt VA Change of Schedule Form to our office. If you change your program, you must submit a VA Change of Program or Place of Training form to our office.

Name: Street Address: City, State, Zip:								
					Semester: Fo	all Sp	oring	Summer
Are you currently	on active	duty?	Yes	No				
Are you a new VA	Yes							
Are you receiving	g other fede	eral assista	ance?	Yes	No			
Have you receive	ed VA Bene	efits at ano	ther school	l or trair	ning location	? Y	esNo	
Learn how to app	oly for Vete	ran's Educ	cational Bei	nefits he	ere: <u>https://w</u>	ww.va.g	ov/education/ho	w-to-apply/
If Chapter 31: The Authorization and UBalt must have d	d Certificat a copy fror	ion of Entr	ance or Re	-entran	ce into Reha			
Select your bene	, ,							
G.I. Bill® (Chapter 30) Voc Rehab (Chapter 31) Post 9/11 (Chapter 33) Dependant/Survivor (Chapter 35) Selected Reserve (Chapter 1606) REAP (Chapter 1607)								
	-							Chapter 1607)
After you have c	ompietea i	egistration	n, piease iis	t your c	ourses for ini	s semesi	er.	
Program/Major:								
Dept/Course	ourse Course Title						# of credits	Start Date
HIST 434		American Constitution					3	08/27/2019
By signing below,	I certify I h	ave read	all the infor	mation	on this form	and all m	ny information is c	correct.
Signature:		Date:						