

Veterans Benefits Registration Form

Student SS#	Veteran's Name (if applicable)	(if applicable)			V.A. File # (if applicable)		
Student's Last Name		First Name			Mi	Middle Name	
Current Street Address (check here if new)			City			State	Zip Code
E-Mail Address Student's Ce		II/Preferred Phone		Student's H	Student's Home/Business Phone		

Academic Year	Term Spring			Summer			
Major		Anticipated Degre	e Anticipated Gradu	ation Date			
Entering Status:		Veteran Status: (select only one)	Program:				
New		Chapter 30 – MGIB-AD	UG Degree Cyberse	curity Certificate			
Continuing (attended during previous 12 months)		Chapter 31 – Vocational Rehab	GR Degree Visiting				
		Chapter 33 – Yellow Ribbon	Special Internation	International Exchange			
Re-entering (did not attend in previous 12 months)		Chapter 33 – Post 9/11 Educational Assist. Act. Enter percentage:%	Teacher/Principal Certificatio	n			
Date of Last Attendance:		Chapter 35 – Dependent	Certificate of Advanced Stud (30 credits beyond Master's)	of Advanced Study beyond Master's)			
		Chapter 1607 – Guard/Reserve	Accounting Certificate				
Course Information							
Course Key (Ex: GB 600.41)		Course Title		Credits			

- IMPORTANT -

This form must be completed every semester once the student is registered for classes. It is the student's responsibility to report to the Records Office any change in the number of credits, which includes adding and/or dropping any courses. Failure to do so may result in overpayment, for which the student will be liable. Return the completed form to the address below. If you have any questions, please call 410-617-2482.

VA Certifying Official Loyola University Maryland Records Office – MH141 4501 N. Charles Street Baltimore, MD, 21210-2699

To ensure uninterrupted benefits during the term, students should notify the Records Office via WebAdvisor of any changes to address or telephone number(s).

Student's Signature