

UNIVERSITY OF CALIFORNIA  
Veterans Enrollment Card

BERKELEY É DAVIS É IRVINE É LOS ANGELES É MERCED É RIVERSIDE É SAN DIEGO É SAN FRANCISCO



SANTA BARBARA É SANTA CRUZ

FALL 20 \_\_\_\_ UNITS \_\_\_\_                      SPRING 20 \_\_\_\_ UNITS \_\_\_\_                      SUMMER 20 \_\_\_\_ UNITS \_\_\_\_

SOC. SEC # \_\_\_\_\_                      STUDENT ID # \_\_\_\_\_

NAME \_\_\_\_\_  
(LAST)                      (FIRST)                      (MIDDLE)                      DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_                      HOME PHONE \_\_\_\_\_

\_\_\_\_\_  
(CITY)                      (STATE)                      (ZIP)                      WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

CIRCLE:    UG    GR    MAJOR \_\_\_\_\_ EMPHASIS \_\_\_\_\_

LAST COLLECTED BENEFITS AT: \_\_\_\_\_ TERM \_\_\_\_\_

CONCURRENT ENROLLMENT:    YES    NO    NAME OF OTHER SCHOOL \_\_\_\_\_

\*ADVANCED PAY REQUESTED:    YES    NO    \*(EXCLUDES CHAPTER 31, VA VOC REHAB STUDENTS)

I understand that educational benefits will be paid only for courses that are applicable towards my declared degree program. I further understand that the VA will not pay for courses that I receive credit by exam, withdraw from, receive a non-passing grade based upon non attendance, and receive a non-passing grade that is non-punitive. I understand that my VA benefits are based upon the number of units I am enrolled in; and that any changes in my enrollment (adds/drops) must be reported to the Veterans representative immediately. I confirm that I have received an updated Veterans Information Bulletin (VIB). I hereby authorize the release of information contained in my UC Merced Veterans educational file to the Veterans Administration.

SIGNATURE \_\_\_\_\_                      DATE \_\_\_\_\_

\*\*\*SUBMIT AFTER REGISTERING FOR COURSES TO ACTIVATE VETERANS' BENEFITS\*\*\*