

UC Merced Veteran Services
Veterans Enrollment Card

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



SANTA BARBARA • SANTA CRUZ

Student Information (Please print)

Name _____ Student ID Number _____
Last Name First Name Middle Initial
Social Security Number # _____ Date of Birth _____ UCM Email _____

Student Enrollment Verification

Which term are you requesting benefits? (**select only one**) Fall 20____ Spring 20____ Summer 20____
What is your current major? _____ How many units will you be enrolled in this term? ____
What is your current class level? ___ Undergraduate ___ Graduate
What is your current class standing? ___ Freshman ___ Sophomore ___ Junior ___ Senior
Is this your last term of study? ___ YES ___ NO
Have you waived UC SHIP health insurance? ___ YES ___ NO

VA Benefit Information

Which benefit are you eligible to receive?
___ Ch.30 Montgomery GI Bill ___ Ch.1606 Montgomery GI Bill-Selected Reserves ___ Ch.31 Vocational Rehabilitation
___ Ch.35 Survivors & Dependents of Disabled Veterans ___ Ch.33 Post 9/11 GI Bill® (**select one** ___ Veteran or ___ Dependent)

Statement of Understanding

Instructions: Check the box to indicate that you have read, understand and agree to the following:

- I understand that the Veteran Enrollment Card must be submitted each term I wish to receive benefits.
- I understand that it is my responsibility to notify UC Merced's Certifying Official of any changes in program (major/minor), unit change, or course withdrawal.
- I understand that educational benefits will be paid only for courses that are applicable towards my declared degree program.
- I understand that the VA will not pay for courses that I receive credit by exam, withdraw from, receive a non-passing grade based upon attendance, and receive a non-passing grade that is non-punitive.
- I understand that I am responsible for all tuition and fees. In the event the VA does not pay my balance, it is my responsibility to pay all balances owed.

I hereby authorize the release of information contained in my UC Merced Veterans' educational file to the Veterans Administration.

Signature _____ Date _____