



LOYOLA

UNIVERSITY MARYLAND

Records Office

4501 N. Charles Street

Baltimore, MD 21210-2699

Veteran's Benefits Registration Form

Student ID#	Student SS#	V.A. File #	Check: (if applicable) <input type="checkbox"/> New Address <input type="checkbox"/> New Phone #	
Student Last Name	First Name	Middle Name	Student Cell Phone:	
Student Address	City	State	Zip Code	
Veteran's Name (if different)	Student Home Phone:	Student Business Phone:		

- IMPORTANT -

It is the student's responsibility to report to this office any change in the number of credits. Failure to do so may result in overpayment for which the student will be liable.

To insure uninterrupted benefits during the term, students should notify this office of any changes to address or telephone number.

Return completed form to: V.A. Certifying Official, Loyola University Maryland, 4501 N. Charles Street, Baltimore, MD, 21210-2699. If you have any questions, please call 410-617-2482.

Academic Year	Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Other _____				
Major	Anticipated Degree	Anticipated Graduation Date:			
Student Status: <input type="checkbox"/> Vocational Rehab. (Chapter 31) <input type="checkbox"/> Veteran (Chapter 32) <input type="checkbox"/> Dependent (Chapter 35) <input type="checkbox"/> Serviceman <input type="checkbox"/> New GI Bill (Chapter 30) <input type="checkbox"/> Guard/Reserve (Chapter 106) <input type="checkbox"/> Yellow Ribbon Program (Chapter 33)	Program: <input type="checkbox"/> Degree <input type="checkbox"/> International Exchange <input type="checkbox"/> Provisional <input type="checkbox"/> Graduate Studies <input type="checkbox"/> Special <input type="checkbox"/> Teacher/Principal Certification <input type="checkbox"/> Certificate of Advanced Study (30 credits beyond Masters) <input type="checkbox"/> Visiting	Entering Status: <input type="checkbox"/> New <input type="checkbox"/> Continuing (attended during previous 12 months) <input type="checkbox"/> Re-entering (did not attend in previous 12 months) _____ Date of Last Attendance			

Course Information

Course Key (Ex: GB 600.41)	Course Title	Credits

Student's Signature	Date
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