



Year / Term

_____ FALL

_____ SPRING

_____ SUMMER

VETERAN STUDENT SUPPORT

Veteran/Dependent Enrollment Information

Using GI Bill Chapter _____

UCO ID * _____

VetHERO@uco.edu

This form must be filled out each semester you wish to use your veteran education benefits, or if adding courses to current semester after initial form was submitted.

- Chapter 30** = Montgomery
- Chapter 31** = Voc Rehab
- Chapter 33** = Post 09/11 (Veteran or Dependent)
- Chapter 35** = Dependent of a deceased, 100% VA disabled, POW, or MIA Veteran (due to service connected disability/death)
- Chapter 1606** = Reservist or Guard Member who **HAS NOT** deployed
- Chapter 1607** = Reservist or Guard Member who **HAS** deployed at least 90 consecutive days

Name _____ Social Security No. _____

Street _____

City _____ State _____ Zip _____

Contact Phone # (_____) _____ - _____ UCO E-mail Address _____

Title of Major(s) _____

(Example: BS – Kinesiology – Fitness Mgmt; If Forensic Science Major list 1st Major also)

Title of Minor(s) (if applicable): _____

What is your classification: Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate _____

****Please answer the questions that follow by checking the appropriate box.**

Will you be graduating this semester? _____ Yes _____ No

Will you be receiving a tuition waiver? _____ Yes _____ No

****Please Note:** In order to get this form signed to receive your VA benefits, you must meet with your UCO Academic Advisor every semester for an updated degree evaluation. Appointments with Academic Advisors can be made online at <https://myadvisor.uco.edu> or via phone at (405) 974-2727.

Please check the appropriate box based on your answer to the following statement:

“I have seen my Academic Advisor for an updated degree evaluation for the semester I am requesting VA benefits.”

Yes _____ No _____

TO INSURE YOUR MONTHLY STIPENDS ARRIVE ON TIME, PLEASE SUBMIT THIS FORM 30 - 45 DAYS BEFORE THE SEMESTER BEGINS, PREFERABLY DURING PRIORITY ENROLLMENT.



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****List all the classes you are enrolled in for the semester you are requesting VA benefits by providing the information requested below. VA will only pay for repeated courses if it is required for your degree to earn a higher grade. If any class is to be substituted, please list the class(es).**

CRN #	Subject	Course #	Title of Class	Check if Repeating Course
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you substituting any course(s) above? Yes ____ No ____ If yes, which class(es): _____

I understand I must **submit this form to the UCO VSS office EACH SEMESTER** I enroll at UCO.

I understand that any misrepresentation of facts may result in an overpayment for which I am liable.

I understand that **I WILL REPORT ANY CHANGES** in my class schedule to the UCO VSS Office.

“I certify the accuracy of the above information and request certification.”

AGREE _____ INITIAL _____ DATE _____

Once you submit this form it will be sent to our office, who will then forward it to your Academic Advisor for approval. Once your Academic Advisor has reviewed the form, they will return it to us for VA processing.

Please notify our office of ANY changes made to your enrollment.

Please allow 2-3 weeks processing time.

Advisor Signature: _____