



EDUCATIONAL BENEFIT FORM

Please complete Part 1 if you are new to the University of Rochester.
Returning students may skip to Part 2 unless something in Part 1 needs to be updated.

Name: _____ UR ID: _____

PART 1

Mailing Address: _____
Number and Street Apt. #

City or Town State Zip

Email Address: _____ Phone Number: _____

Branch of Service (check one): Chapter of Benefit (check one): Remaining months of eligibility:
 Air Force Marines 30 (MGIB) 1606 (SR) _____ months
 Army Navy 31 (Vet Readiness) 33 (Post-9/11, 100%)
 Coast Guard Transferred Benefits D/S 35 (DEA) 33 (Post-9/11, other ___%)

School: _____ Graduate Undergraduate
Program/Major: _____ Part time Full time
Anticipated Degree: _____ Matriculated Non-matriculated
Anticipated Grad Date (month & year): _____

Were you awarded a scholarship? No Yes (Amount per semester or percentage: _____)

Do you have employee tuition benefits? No Yes (Percentage: _____)

PART 2

Semester/quarter: _____ Beginning and end dates of term: _____
Number of credits: _____ On campus Online

Read and initial beside each statement below, then sign at the bottom:

- _____ I understand that I am responsible for submitting this form for each semester or quarter I plan to receive veteran educational benefits.
- _____ I understand that I am responsible for submitting any and all Joint Service Transcripts (JST) to the University of Rochester for review and consideration of credit.
- _____ I understand that I am responsible for reporting any status changes (including add/drop; withdrawals; incomplete or failing grades; change of address; change of college, department, or major; or any other changes that may affect my entitlement to G.I. Bill Benefits) to the Veteran and Military Family Services Office immediately.
- _____ I understand that I am responsible for any underpayments or overpayments due to changes that may affect my entitlement to G.I. Bill Benefits as described above.

I, the undersigned, certify that the above statements are true to the best of my knowledge. I have read and understand my responsibilities as outlined above.

Signature: _____ Date: _____