UNCW Office of Scholarships & Financial Aid

VA Class Schedule

This form must be completed each term you intend to use VA benefits

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Student ID# ______________________
Name ____________________________
Address ____________________________
City, State, Zip Code ______________________
Email ____________________________
Local Phone # ______________________

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VA Educational Benefit
(Please complete all sections that apply)

Chapter 30 ☐ Chapter 31 ☐ Chapter 35 ☐ Chapter 1606 ☐ Chapter 1607 ☐
Montgomery GI Bill ☐ VOC Rehab ☐ DEA ☐ MG Selective Reserves ☐ REAP
Chapter 33 ☐ Percentage of entitlement ☐ % Veteran’s Spouse/Dependent ☐ Yes ☐ No
Post 9/11 GI Bill ☐
Please Note: If you receive less than 100%, you may have a remaining balance which will need to be paid

Current Major / Program of Study ____________________________
Declared Minor ______________________
Degree Objective ☐ BA/BS ☐ Grad Certificate ☐ Masters ☐ PHD ☐ RN to BN Nursing
Online Only ☐
**Concentration/Option ___________________________________ Anticipated Graduation Date _________________

Term of Enrollment
Fall ☐ Spring ☐ Summer Session I ☐ Summer Session II ☐
Year ☐ Year ☐ Year ☐ Year

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Course Letter
Example: ENG
Course Number
Example: 101
Credits
Example: 3
Online Course Check Box ☐
Repeated Course Yes or No ☐
Transient Study Check Box ☐
Office Use Only ☐

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Student Health Insurance
Need University Health Insurance ☐ Yes ☐ No ☐
Students will be required to complete the Health Insurance Enrollment or Waiver Process each semester.

<<<Transient Studies>>> Please indicate all approved courses to be taken at another institution (i.e., a community college, university, college, or study abroad). Transient study is limited to active UNCW students.

If at any time during the enrollment periods indicated above, I drop a course, withdraw from a course, stop attending class, change my program, or change my status in any way, I will notify the Veterans Services Office. If the VA official determines a course is inappropriate for the degree program, I understand only those hours determined to be will be certified. I understand that this form MUST be completed each term after I register.

Signature ____________________________ Date ____________________________

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Please submit a separate form for each term. Changes in course load should be submitted via email to finaid@uncw.edu (To ensure timely processing; please submit this form promptly after registration) 601
South College Road, Wilmington NC 28403* 910-962-3177*Fax 910-962-3851