

# UNCW Office of Scholarships & Financial Aid

## VA Class Schedule



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

Student ID# \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_ Local Phone # \_\_\_\_\_

**VA Educational Benefit (Please complete all sections that apply)**

Chapter 30  Montgomery GI Bill    Chapter 31  VOC Rehab    Chapter 35  DEA    Chapter 1606  MGI Selective Reserves    Chapter 1607  REAP  
 Chapter 33  Post 9/11 GI Bill    Percentage of entitlement \_\_\_\_\_%    Veteran's Spouse/ Dependent  Yes  No  
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  \_\_\_\_\_ Year    Spring  \_\_\_\_\_ Year    Summer Session I  \_\_\_\_\_ Year    Summer Session II  \_\_\_\_\_ Year

Course Letter <small>Example: ENG</small>	Course Number <small>Example: 101</small>	Credits <small>Example: 3</small>	Online Course <small>Check Box</small>	Repeated Course <small>Yes or No</small>	Transient Study <small>Check Box</small>	Office Use Only
			<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	

(Need extra space to list courses us back of form)

**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 \_\_\_\_\_

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