



Veterans Education Enrollment Request

Please complete and submit this form to the Office of Admissions and Recruitment each semester for certification.

1. First time students must fill out the Application for Educational Benefits form 22-1990 or 22-5490
2. New transfer students must fill out the Request for Change in Program or Place of Training 22-1995 or 22-5495

Certification for benefits will not be processed until DD214 and Certificate of Eligibility has been received.

Student ID Number _____
Student Email Address

Last Name _____
First Name _____
Middle Initial

Address _____
City _____
State

Zip _____
Student Telephone Number (Circle: home/work/cell)
Is this a new address/ phone number? YES NO

Social Security Number _____
VA File Number
(BOTH required by U. S. Veterans Administration)

Major _____
Are YOU a veteran? YES NO
(Changed Major YES NO)

Please Indicate Chapter of MGIB:

- _____ Chapter 30 Active Duty
- _____ Chapter 1606 Selected Reserves
- _____ Chapter 1607 Selected Reserves (NOBE)
- _____ Chapter 35 Dependent Educational Assistance
- _____ Chapter 31 Vocational Rehabilitation Eligibility Percentage _____
- _____ Chapter 33 Post 9/11 Veteran Eligibility Percentage _____
- _____ Chapter 33 Post 9/11 Dependent Eligibility Percentage _____

Please indicate the semester and the number of credits for which you are registered:

- Summer I, II, III Credits: _____
- Fall Credits: _____
- Winter Credits: _____
- Spring Credits: _____

PLEASE NOTE: You must report any changes in credit hours or change in major (program) to the UMES Veterans Office immediately. Failure to do so may affect payment and future eligibility for benefits. The student is responsible for any UMES balance not covered by Veterans Affairs.

Signature of Student _____
Date

For Administrative Purposes Only	
Tuition _____	Fees _____ VA REP _____
Total Submitted to VA for Payment _____	VA Percentage _____
Notes _____	