



# 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 (Voc Rehab)     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 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: \_\_\_\_\_