



Veteran Benefits Request Form

Student Information		Sponsor Information <i>(CH 35 and CH 33)</i>	
First & Last Name		First & Last Name	
Student Email Address		Phone Number	
Student Phone Number		Email Address	
Date of Birth		Sponsor SSN	
Social Security Number		Additional Comments	

Student Address	
Street Address:	
City/State/Zip Code:	

Student Declarations (Check Selection)	
Campus Election	On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/>
Student Status	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Semester Hours Registered <input type="text"/>
Active Duty	Yes <input type="checkbox"/> No <input type="checkbox"/>
Veteran Benefit Term	<p>*I would like to use my Veteran Benefits for the following academic semester:</p> <p>Term: <i>(Circle One)</i> Spring / Summer / Fall Year: 20 <input type="text"/></p>

I am required to notify my Veteran Benefit Liaison at the EWU Registrar's office via email (Registrar@ewc.edu) within 48 hours of the following:

- Withdrawing from the University
- Withdrawing from one or more courses
- Changing my Major/Minor
- Receiving a Punitive Grade (PS/D/F)

_____ **(Initial Required)** As a student receiving VA benefits, I understand that any changes to my academic schedule can impact my level of eligibility and will need to be discussed with the Veteran Benefits Coordinator in the Edward Waters University Registrar's Office immediately (notification is required within a 48 period via email). I understand that I am responsible for consenting to the use of my VA benefits every semester, in order to receive these benefits on Edward Waters University Campus. This requires that I reach out to the EWU Registrar's office before the start of each academic semester or at the latest during the (add/drop) period as posted on the Academic Calendar for each term.

Student Signature: _____ Date: _____

Internal Use Only

Student Identification Date: _____ Student Major: _____ Student Provided Degree Plan _____
 Benefit Chapter: _____ Eligibility Letter Received Date: _____ Major Declaration/Change Date: _____
 Student Withdrawal: (Credit Hours) _____ Student ID #: _____