

MBA@UNC
Kenan-Flagler Business School
University of North Carolina at Chapel Hill
Veterans Educational Benefits Enrollment Data Form

Name: _____ Email: _____

Address: _____ Phone: _____ PID: _____

City: _____ State: _____ Zip: _____

PLEASE CHECK ONE:

- This is the first time I have attended any University or College using my VA Benefits.
(VA letter of eligibility or a copy of initial application for benefits is required)
- I am a new student transferring from another University or College and I have previously used my benefits.
(22-1995 or 22-5495 change of place of training form required)
- I have attended UNC Chapel Hill and used VA benefits (CURRENT STUDENTS).

PLEASE SELECT QUARTER FOR WHICH YOU ARE REQUESTING CERTIFICATION (ONLY 1 QUARTER PER FORM):

** VA will not pay benefits for credits excluded from GPA/hours, and/or courses not included in your degree program.*

- | | | |
|--|-----------|-------------------|
| <input type="checkbox"/> JANUARY QUARTER | Year_____ | Credit Hours_____ |
| <input type="checkbox"/> APRIL QUARTER | Year_____ | Credit Hours_____ |
| <input type="checkbox"/> JULY QUARTER | Year_____ | Credit Hours_____ |
| <input type="checkbox"/> OCTOBER QUARTER | Year_____ | Credit Hours_____ |

PLEASE REMEMBER TO NOTIFY THE VA CERTIFYING OFFICIAL OF ANY CHANGES IN HOURS!

ARE ALL OF THE COURSES YOU ARE REQUESTING CERTIFICATION FOR THIS CURRENT TERM REQUIRED BY YOUR DEGREE PROGRAM? Yes No If no, list course(s): _____

TYPE OF BENEFITS THAT YOU RECEIVE: (PLEASE CHECK ONE)

ARE YOU CURRENTLY ON ACTIVE DUTY? NO YES

- | | |
|--|---|
| <input type="checkbox"/> CHAPTER 30, MONTGOMERY GI BILL | <input type="checkbox"/> CHAPTER 1606, MONTGOMERY GI BILL (NAT. GUARD OR RESERVIST) |
| <input type="checkbox"/> CHAPTER 31, VOCATIONAL REHABILITATION | <input type="checkbox"/> CHAPTER 1607, RESERVE EDUCATIONAL ASSISTANCE PROGRAM |
| <input type="checkbox"/> CHAPTER 33, POST 9-11 GI BILL | <input type="checkbox"/> CHAPTER 35, DEPENDENTS OF 100% DISABLED VETERANS |

I agree to advise the MBA@UNC Program Office of any changes to the above information and understand that failure to report changes to my enrollment may cause an overpayment for which I would be responsible for repayment to the V.A. If I fail to report changes to my enrollment status, I understand that this office reserves the right to process subsequent certifications by quarter and/or after the quarter is completed. I acknowledge that UNC-CH may release non-directory information to the Veterans Administration as needed to comply with V.A./Government regulations. I understand that it can take up to 60-90 days for the VA to process this claim.

Signature _____ Date _____

The Veterans Administration is empowered to solicit the information requested in this form under the authority of Title 38, United States Code.

Submit form to:
MBA@UNC
Attn: Certifying Official
Fax: 919.962.0159
Or scan and email to: kfvetaffairs@kenan-flagler.unc.edu