

## Must Be Completed Prior to Each Semester

Semester \_\_\_\_\_, 20\_\_\_\_. Total credit hours **this term**. \_\_\_\_\_

Name (First MI Last ) \_\_\_\_\_ UA ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Contact Number \_\_\_\_\_ Secondary Number \_\_\_\_\_

New Address?  Yes  No

Street Address \_\_\_\_\_ City, State \_\_\_\_\_

Zip Code \_\_\_\_\_ P.O Box # \_\_\_\_\_

UA E-mail: \_\_\_\_\_@uakron.edu

Campus/College (i.e. Main, Wayne, Medina) \_\_\_\_\_

DEGREE (AA, BA, BS, MPH) \_\_\_\_\_ MAJOR (i.e. Psychology) \_\_\_\_\_

If applicable, specify concentration. \_\_\_\_\_

Is this a change of major?  Yes  No

As of date: \_\_\_\_\_

Student Status (Circle): Undergraduate

Graduate

Guest Student

Semester last attended UA: \_\_\_\_\_, \_\_\_\_\_

Did you receive VA Benefits?

 Yes  No

Are you applying for Financial Aid?

 Yes  No

Are you under contract with ROTC?

 Yes  NoNo, Then Do you have Scholarships, Pell, OCOG?  Yes  NoNo, Then Did you apply for ONGS?  Yes  No

Chapter of benefits requested: (Check one)

 33 Post 9/11 GI Bill \_\_\_\_\_% 30 Are you currently on active duty or AGR \_\_\_\_\_ 1606 National Guard/Reserve (If applicable, remember to apply for the ONG scholarship) 35 Dependant/Child/Disabled Vet VA Claim Number C \_\_\_\_\_ 31 Veterans Readiness and Employment (VR + E)

If you have attended any other college or university and have not reported prior/transfer credits to The University of Akron

Name of Institution \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name of Institution \_\_\_\_\_ Dates Attended \_\_\_\_\_

Are you repeating any classes during this semester?  Yes  No

If yes, please explain \_\_\_\_\_

By signing below, I certify that all of the courses listed on my schedule will apply toward my degree either because they are required or will serve as electives. In addition, I certify that all information on this form is true and accurate to the best of my knowledge and that I have read the **Veteran's Responsibilities Form** and I will comply with all regulations specified. I authorize The University of Akron to release any information pertaining to my school record to the Veterans Administration as needed

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MSC Counselor Initials &amp; Date: \_\_\_\_\_ (for office use only)

Print

Military Services Center  
Simmons Hall Room 305  
(330) 972-7838  
[veterans@uakron.edu](mailto:veterans@uakron.edu)