



Campbellsville University – Registrar's Office

2026-27 Veteran's Education Benefits Tracking Form

Student's Information

Full Legal Name: _____ CU Student ID#: _____

Please choose which semester you plan to begin using benefits:

- ☐ 2026 Fall semester (August or October)
- ☐ 2027 Spring semester (January or March)
- ☐ 2027 Summer semester (May or July)

Please select which modality you will be attending: ☐ Fully Online ☐ In-person or Hybrid

Student's VA Benefits Information

Please indicate which benefit chapter(s) the student has been approved for:

- ☐ CH 33 – Post 9/11 GI Bill®
 - Qualifying Veteran's Name & Relation: _____
- ☐ CH 35 – Survivors' and Dependents' Educational Assistance (DEA)
 - Student's Relation to the Veteran: ☐ Spouse ☐ Child
- ☐ CH 31 – Veteran Readiness and Employment (VR&E)
 - VR&E Counselor's Email: _____
- ☐ CH 30 – Montgomery GI Bill® (Active Duty)
- ☐ CH 1606 – Montgomery GI Bill® (Selected Reserve)
- ☐ Other: _____

Student's Acknowledgement (*Initial below*)

_____ I acknowledge that I am responsible for notifying the Registrar's Office of any change in course schedule, program (major/minor), or contact information.

_____ I understand that as a current student receiving VA education benefits at Campbellsville University, the Registrar's Office will release needed information and/or documentation to the VA. This includes and is not limited to class schedules, unofficial transcripts, billing information, and non-punitive grades. Former students must submit a signed request to release any records to VA.

_____ I acknowledge that the SCO, School Certifying Official, will be contacting my professors for information.

_____ I acknowledge that the SCO has provided information about enrollment status and its possible impact on my benefits.

Student's Signature: _____ **Date:** _____