CAMPBELLSVILLE UNIVERSITY

VETERAN'S EDUCATION BENEFITS TRACKING FORM

Today's Date:_____ Semester to begin coursework:_____

Full Name of Student:_____

Birthdate:_____ SSN:_____ CU Student ID #:_____

E-mail Address:_____

Home Address:_____

Phone #: Primary _____ Type Secondary _____ Type

_____

Were benefits transferred to you? ◯ NO ◯ YES, from:_____ _____
name relation

VA Chapter:
- ◯ CH 33 - Post 9/11 GI Bill
- ◯ CH 30 - Montgomery GI Bill
- ◯ CH 31 - Vocational Rehabilitation
- ◯ CH 35 - Survivors & Dependents VA File #:_____ Payee #:_____
- ◯ CH 1606 - Montgomery GI Bill Selected Reserves
- ◯ CH 1607 - Reserve Educational Assistance Program

Have you used benefits in the past? ◯ NO ◯ YES, at:_____
school name

Colleges attended:_____

Degree seeking: ¯ Area/Major:_____

Minor:_____

_____

I acknowledge that I am responsible for notifying the Office of Student Records of any change in my course schedule, program (major/minor), or contact information.

Signature:_____ Date:_____

Office of Student Records
1 University Drive UPO 789
Campbellsville, KY 42718
Phone 270.789.5151 Fax 270.789.5362
twlawson@campbellsville.edu or jbclark@campbellsville.edu