

VETERAN AND MILITARY AFFAIRS ADVISING WORKSHEET

(PLEASE TURN IN ONE SHEET PER SEMESTER, AFTER YOU HAVE REGISTERED)

`			•		
STUDENT NAME: (LAST, FIRST, M)					
1st TIME USING BENEFITS AT UA?	YES	NO			
CWID:					
Sponsor's SSN: (Chapter 35 Only)	Counselor's Name and Email (Ch. 31 Only)				
COLLEGE OF STUDY:					
CHAPTER OF BENEFITS:				ST 9/11 ONLY: YELLOW RIBBON	
Example: Post 9/11 Ch. 33, Ch. 35			(Check if additional FRY benefits apply)		
REMAINING MONTHS OF BENEFITS: Call 1-888-442-4551 or login to ebenefits.va.gov	MONTHS: DAYS: PERCENTAGE OF BENEFIT: (located on Certificate of Eligibility)				
MAJOR:					
SEMESTER (CHECK ONE): 1 TERM PER SHEET	FALL	SPRING	SUMMER I	FULL SUMM	OTHER:
YEAR:	WINT INT	SPRING II	SUMMER II	MAY INT	
COURSE (Example EN 101, MGT 300)		START END (MM/DD MM/I		CREDI	T HOURS
ALTERNATE/ WAITLISTED CO	URSES:				
COURSE	A	LTERNATE CO	URSE	CREDI	T HOURS
Advisor's Signature	A	dvisor's Printed Name	2	Advisor's Pho	one Number
I understand that this form is required order to receive Department of Veteral information, or to properly compl	ns Affairs Educatio	nal Benefits. I unders	stand the failure to	turn this sheet in, to my Certification of I	provide truthful
Student's Signature	Date	Student's Em	ail Address	Student's Ph	one Number
Return com	pleted form to VN	1A Office 3000 House	er Hall (once we ret	turn to	