



For Office Use Only

Posted By: _____ Date Posted: _____

Office of the Registrar

Veterans Administration Information Sheet

STUDENT INFORMATION

Student ID: _____ Name: _____
Last Name First Name Middle Name

Email: _____ Phone: _____ Date of Birth: _____

Street Address: _____ City: _____

State: _____ Postal Code: _____ Social Security Number: _____

BENEFIT INFORMATION

Semester to begin benefits: Fall 20____
 Spring 20____
 Summer 20____

Branch of Service: Air Force
 Army
 Coast Guard
 Marines
 Navy
 Reserves

Requesting Benefits as: Veteran
 Dependent of a Veteran

Type of Benefits Requesting (check all that apply):

Montgomery GI Bill—Active/Discharged/Chapter 30
 Active Duty? Yes No Receiving Tuition Assistance? Yes No

Post 9/11 Bill/Chapter 33 Percent of Eligibility: _____%

Yellow Ribbon Program Eligible? Yes No

Montgomery GI Bill—Reserves/Guard/Chapter 1606

VEAP

Dependents/Chapter 35:
 C File Number: _____ Veteran SSN: _____
 Veteran Name: _____ Veteran DOB: _____

Other (please specify): _____

DEGREE INFORMATION

Have you previously attended Rice and received VA education benefits? Yes No

Have you used VA educational benefits at another school? Yes No

If yes, do you wish to have the benefits transferred to Rice? Yes No

Are you currently enrolled at Rice ? Yes No
 If no, how many hours do you plan to take? _____

Do you plan to receive your degree from Rice? Yes No
 If no, please indicate the school from which you plan to receive your degree: _____

Do you plan to complete a certificate at Rice? Yes No

SIGNATURE

After completing and signing this form, please submit it to the Office of the Registrar.

Student Signature: _____ Date: _____