

Signature: ___

VETERANS BENEFITS ENROLLMENT FORM

Date: _____

Office of the Registrar 1570 Baltimore Pike Lincoln University, PA 19352 484-365-8087:Phone 484-365-8116:Fax

Last Name:	First N	Name:	MI:	
VA File:		Social Security #:		
Permanent Home Address:				
City:	State: _		Zip:	
Home Telephone:	Cell Phone:			
E-Mail Address:				
SELECT THE ONE THAT BEST DI	ESCRIBES YOUR STATUS:			
This is the first time I have atte	ended any University or Colle	ge using my VA Educational	Benefits.	
I am a new student transferrin	g credits from another unive	rsity of college, and I have u	sed my VA Educational Benefits before.	
I am returning to Lincoln Unive	ersity after non-attendance for	or at least one semester (inc	luding Summer Semester).	
I am a continuing student at Li	ncoln University, and attende	ed the previous semester.		
I have not used my VA Education	onal Benefit in a least one ye	ar.		
Are you enrolled in the ROTC F	Program on campus?	□ yes	no	
What level of degree will you b	e working towards?			
Undergraduate	Graduate	Other (please explain l	pelow)	
Academic Program:	Major:	Has this changed from last semester?		
Please indicate the type of VA	Educational Benefit you	are receiving (below):		
Chapter 30 – Montgomery GI Bill		Chapter 31 – Vo	Chapter 31 – Vocational Rehabilitation	
Chapter 1606 – Reservist GI Bill		Chapter 1607 – I	Chapter 1607 – Reservist GI Bill	
Chapter 35 – Dependents		Chapter 32 – VE		
Chapter 35 – Dependents	Chapter 33 – Post 9/11	Chapter 32 – VE		
Chapter 35 – Dependents Please indicate term you woul	Chapter 33 – Post 9/11	Chapter 32 – VE		
	Chapter 33 – Post 9/11 d like to certify for:	·		
Please indicate term you woul	Chapter 33 – Post 9/11 d like to certify for: Number of credits for Fall S	emester (estimated):	ДР	