



FALL
 SPRING
 SUMMER
Year _____

VETERANS FACT SHEET

NAME _____

SUNY ID # _____

ARE YOU MATRICULATED? Yes No

MAJOR _____

LEVEL OF STUDY Bachelor Degree Master Degree

RETURNING STUDENTS:

Last semester you attended this college _____

NEW STUDENTS ONLY:

Last college attended _____

Last semester attended _____

Did you collect VA benefits at that institution? Yes No

HOME ADDRESS _____

Phone # (____) _____

E-mail Address _____

Daytime phone where you can be reached (____) _____

To which address do you wish your school attendance slip mailed? Campus Home

To which address do you wish your VA check mailed? Campus Home N/A

Do you expect to graduate at the end of this semester? Yes No

ANTICIPATED OR ACTUAL NUMBER OF CREDITS REGISTERED FOR:

4 Week Summer Session I/# of credits _____ Fall Semester # of credits _____

4 Week Summer Session II/# of credits _____

8 Week Summer Session/# of credits _____ Spring Semester # of credits _____

ADDITIONAL INFORMATION/NOTES:

STATEMENT OF VETERAN: I intend to take the above listed number of credit hours. Changes that I make to any of the above information will be promptly reported to the Veterans certifying official in the Registrar's Office at SUNY Institute of Technology. I realize that I will be responsible for the submission of monthly attendance reports in accordance with the school and Veterans Administration regulations.

PLEASE COMPLETE

VA FILE # _____

BENEFITS RECEIVED (check one)

Montgomery(30)
If above is checked, are you also

Former Chap. 34 Vietnam Era

Active Duty

Voc. Rehab.(31)

Post 9/11 GI Bill(33)

Wife/Child(35)

Reservists(1606)

REAP(1607)

CAMPUS ADDRESS - IF APPLICABLE _____

Phone # (____) _____