

UMSL Veterans Center

VA – ENROLLMENT DATA FORM (EDF)

This form must be completed **EACH semester** you plan to use VA Benefits and **EACH time** you add a new course to your schedule during the same term.

NAME: _____ STUDENT #: _____

PHONE #: _____ E-MAIL: _____

MAJOR(S)/MINOR(S)* _____ Graduate _____ Undergraduate _____

**All courses being certified must apply toward your degree program(s) on record.*

Please answer the following questions about your military educational benefits (check all that apply):

- Which benefit?

Chapter 30 – Montgomery G.I. Bill	Chapter 1607 – REAP
Chapter 1606 – Selected Reserves	Active Duty
Chapter 31 – Vocational Rehabilitation	Federal Tuition Assistance
Chapter 33 – Post 9/11 G.I. Bill	State Tuition Assistance
Chapter 35 – Dependents' Educational Assistance	
- Have you previously received GI Bill benefits? YES NO If yes, list the last term you received benefits: _____
- Were you attending UMSL the last time you received benefits? YES NO
- If you are eligible for the **Missouri Returning Heroes' Tuition Reduction Scholarship**, do you elect to use this program this semester? YES NO I'M NOT SURE – CONTACT ME

TERM BEING CERTIFIED: _____ Is this a revised EDF for this term? YES NO

Subject	Catalog Number	Course Title	Credit Hrs	Required Course (does apply towards graduation requirements)	Non-required (Does NOT apply towards graduation requirements)
Ex: ENGL	3100	Junior Level Writing	3.0	yes	

NOTE TO STUDENT: I HAVE READ AND FULLY UNDERSTAND WHAT IS REQUIRED OF ME AND WILL COMPLY WITH THE POLICIES AND PROCEDURES AS INDICATED. I UNDERSTAND THAT THE A GRADE OF "EX" WILL RESULT IN AN OVERPAYMENT OF BENEFITS, AND I WILL NOTIFY THE VETERANS OFFICE IMMEDIATELY. I ACCEPT PERSONAL RESPONSIBILITY FOR ANY OVERPAYMENTS MADE AND I AGREE TO REFUND SUCH OVERPAYMENTS PROMPTLY TO THE VETERANS ADMINISTRATION REGIONAL OFFICE OR TO THE UNIVERSITY OF MISSOURI – ST. LOUIS. I FURTHER AGREE TO NOTIFY THE VETERANS AFFAIRS OFFICE OF ANY CHANGES MADE TO MY SCHEDULE WITHIN 30 DAYS OF THE OCCURRENCE. IN ADDITION TO THE ABOVE, I AUTHORIZE THE INFORMATION FURNISHED ON THIS FORM TO BE RELEASED TO THE VETERANS ADMINISTRATION REGIONAL OFFICE FOR VETERANS BENEFITS.

STUDENT SIGNATURE: _____ DATE: _____

NOTE TO ADVISOR: DO NOT ALLOW STUDENTS TO HAND-CARRY FORM.

Please submit to: 211 Clark Hall OR veteransoffice@umsl.edu

ADVISOR PRINTED NAME _____

ADVISOR SIGNATURE _____ DATE: _____

Questions? Please contact us at 314-516-5705 or visit www.umsl.edu/veterans for more information.