

1. Name:		
Last	First	Middle Initial
2. Student M#:	3 . Social Security #:	
4. MAJOR:		FOR OFFICE USE ONLY
5. INDICATE YOUR STATUS:	\square Undergraduate \square Graduate	FOR OFFICE OSE ONE!
	☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior	CH: %:
college catalog as necessary for the cor of benefits. Any deviation from this regu	ulum to receive VA benefits. VA regulations support registration of the curriculum that you have declared. Only those slation may constitute an overpayment and result in repayment ANY OF YOUR INFORMATION HAS CHANGED COMPLET	e courses will be considered for payment at or termination of benefits!
6. STREET ADDRESS:	OTATE.	710.
	STATE:	
9 HOME PHONE: ()		
8. HOME PHONE: () 9. MOBILE PHONE: ()		
,		ational Danafita, which must be signed by
your Education Service Officer.	If YES, be sure to submit a complete Application for VA Educ	ational Benefits, which must be signed by
your Education Service Officer.		
11. Indicate the type of benefits that you	will be receiving:	
	d will be receiving.	
,		
Chapter 30 (Prior Active Duty)	oute? Disabled on Deceased Veterage)	
	ents' Disabled or Deceased Veterans)	
Chapter 31 (VA Vocational Rehab)		
Chapter 1606 (Reservist/National G	,	
•	uard Mobilized to Active Duty)—(REAP)	
	D YOUR TRANSCRIPTS FROM ANY PREVIOUS COLLEGE	ES FORWARDED to Maritime College for
evaluation of transfer credit. Please		
	OFFICE of Veterans Affairs Maritime College 6 Pennyfield Ave Throggs Neck, NY 10465	
NOTE: The Veterans Administration ma	ay delay payment of benefits pending receipt.	
13. INDICATE YOUR STATUS WITH T	HE VA OFFICE:	
□ New Student (never used VA benefi	its) must complete an Application for VA Educational Benefits	, which may be completed on-line at
•	plication, plus your Notice of basic eligibility (NOBE) or Certific	•
☐ Continuing Student (attended previo		3 , (, , , , , , , , , , , , , , , , ,
	fits at another institution). Student must complete a Change of	of Program or Place of Training Form (VA
form 22-1995 or 22-5495 for Ch 35 recip	,	
	nester at Maritime College / DID NOT attend previous semest	er)
	asses to transfer to your primary college/school)	,
	access to transfer to your printing conlogorounder	
 Professional Education Training Stu 	dent	



NOTICE: THE VETERAN'S ADMINISTRATION REQUIRES THAT THE COLLEGE NOTIFY THEM IMMEDIATELY OF ALL CHANGES IN ENROLLMENT. CHANGES INCLUDE: ADD, DROP, AUDIT, OFFICIAL WITHDRAWAL, CHANGE IN TUITION/FEES, AND CHANGES IN PROGRAM/PLACE OF TRAINING (CURRICULUM).

14. PLEASE LIST ALL COURSES FOR WHICH YOU ARE REGISTERED FOR THIS SEMESTER:

Semester & Year:

Please submit every semester along with a copy of your schedule.

(Fy Fluid Machanics)	Subject/Course #	Course Type / Credit
(Ex. Fluid Mechanics)	(Ex. MATH 101)	(Ex. Res / Online / Grad 1&2)
	Total Credit Hour	rs
		ts requesting a deferment must p terans Affairs & a copy of your bi
		od so that I may be certified with the or in my College file may be shared w

If there is any change in your status (i.e. Full to ¾ or ½ time or drop of health insurance), please submit

supporting documents to the Office of Veterans Affairs, to avoid liability of overpayment.