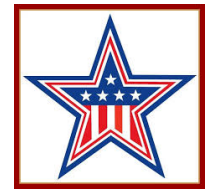




ENROLLMENT INFORMATION FORM
Eastern Oregon University – Veterans Certifying Official
 Inlow Hall 105C, 1 University Boulevard La Grande, OR 97850
 Phone: 541-962-3504 Fax: 541-962-3799 Email: djones@eou.edu



Name: _____ **910-** _____
Last First MI Social Security Number EOU ID Number

Address: All VA correspondence and checks (if not direct deposit) will be delivered to this address.

Number Street City State Zip Code

Phone: _____ **Email:** _____

Degree: _____ **Major:** _____ **Minor:** _____
(BA, BS, MAT, MBA etc) (if applicable)

Enrollment:

Summer	20 _____	Number of Credits: _____	(Note: Summer term is the start of a new academic year)
Fall	20 _____	Number of Credits: _____	12+ credits = Full time
Winter	20 _____	Number of Credits: _____	9-11 credits = 3/4 time
Spring	20 _____	Number of Credits: _____	6-8 credits = 1/2 time
			4-5 credits = less than 1/2 time 1-3 credits = 1/4 time or less

Type of Benefit:

- Chapter 33 (Post-9/11 GI Bill) Chapter 30 (Montgomery GI Bill)
- Chapter 1606 (Reservist/Guard MGIB-SR) Chapter 1607 (REAP)
- Chapter 35 (Dependent) File #: _____
VA File Number

Check if you completed the following forms online: (if applicable)

- 22-1990 or 22-5490 "Application for VA Benefits"
- 22-1995 or 22-5495 "Change of Program of Place of Training"

Have you used VA educations benefits before? No Yes If yes, where: _____

Are you attending another college during any of the above enrollment periods? No Yes If yes, give details

College Courses Dates

Will a "Parent Letter" to a secondary school be needed for the current term? Yes No (Please provide course details.)

****New EOU students or returning EOU students with transfer credits earned since last EOU attendance:**

<small>College</small>	<small>Number of Credits/Degree</small>	<small>Approximate Dates</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Only the minimum number of credits required for you to receive your degree can be certified for VA education benefits. It is your responsibility to immediately notify the VA Coordinator of any changes in academic plans or enrollment since this may affect your VA benefits.

Student Signature: _____ **Date:** _____