

FIRST NAME	M.I.	LAST NAME	IS THIS A CHANGE OF MAJOR?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE	DATE OF BIRTH		AS OF DATE (IF YES)
<input type="text"/>	<input type="text"/>		<input type="text"/>
ADDRESS	CITY, STATE		
<input type="text"/>	<input type="text"/>		
ZIP CODE	P.O. BOX (IF APPLICABLE)		TOTAL CREDIT HOURS THIS TERM
<input type="text"/>	<input type="text"/>		<input type="text"/>
UA EMAIL	STUDENT ID #		
<input type="text"/>	<input type="text"/>		
CAMPUS (I.E. MAIN, WAYNE, MEDINA)	STUDENT STATUS (CHOOSE ONE)		
<input type="text"/>	<input type="text"/>		
DEGREE	MAJOR		
<input type="text"/>	<input type="text"/>		
SEMESTER	YEAR		
<input type="text"/>	<input type="text"/>		

DID YOU RECEIVE VA BENEFITS? ☐ YES ☐ NO

ARE YOU APPLYING FOR FINANCIAL AID? ☐ YES ☐ NO

DO YOU HAVE SCHOLARSHIPS, PELL, OCOG? ☐ YES ☐ NO

ARE YOU UNDER CONTRACT WITH ROTC? ☐ YES ☐ NO

DID YOU APPLY FOR ONGS? ☐ YES ☐ NO

CHAPTER OF BENFITS REQUESTED (CHECK ONE)

☐ 30 ☐ 31 ☐ 33 ☐ 35 ☐ 1606

ARE YOU CURRENTLY ON ACTIVE DUTY OR AGR

VETERANS READINESS AND EMPLOYMENT (VR + E)

POST 9/11 GI BILL %

VETERAN'S NAME  VA FILE # (VETERAN'S SSN#)

NATIONAL GUARD/RESERVE (IF APPLICABLE, REMEMBER TO APPLY FOR THE ONG SCHOLARSHIP)

IF YOU HAVE ATTENDED ANY OTHER COLLEGE OR UNIVERSITY AND HAVE NOT REPORTED PRIOR/TRANSFER CREDITS TO THE UNIVERSITY OF AKRON	ARE YOU REPEATING ANY CLASSES THIS SEMESTER?
NAME OF INSTITUTION	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>	IF YES, PLEASE EXPLAIN
DATES ATTENDED	<input type="text"/>
<input type="text"/>	
NAME OF INSTITUTION	
<input type="text"/>	
DATES ATTENDED	
<input type="text"/>	

By signing below, I certify that all of the courses listed on my schedule will apply toward my degree either because they are required or will serve as electives. In addition, I certify that all information on this form is true and accurate to the best of my knowledge and that I have read the **Veteran's Responsibilities Form** and I will comply with all regulations specified. I authorize The University of Akron to release any information pertaining to my school record to the Veterans Administration as needed.

STUDENT SIGNATURE	DATE
<input type="text"/>	<input type="text"/>
MSC COUNSELOR INTITALS (FOR OFFICE USE ONLY)	DATE
<input type="text"/>	<input type="text"/>