

Veteran  Military Family Member  
**Enrollment Form** (choose one)

**Return this form on campus to:**  
 Veteran and Nontraditional Student Center  
 Old Main, Room 118

**Or mail to:**  
 Belknap & Catlin, PO Box 2000  
 Superior, WI 54880-4500

**Or fax to:**  
 715-394-8040

**Contact Phone:** 715-394-8406  
**Email:** For your security DO NOT email

**Directions:** Check all boxes that apply to you and provide additional information if requested. Your Social Security number is required to enter you into the Department of Veterans Affairs records system.

**Complete this form in Adobe Reader, not a Web browser to ensure the privacy of your information. Place the cursor in a field, wait a few seconds and type. Print copy to add the required signature (s) in blue or black ink.**

Part 1: Student Information			
Student ID Number	Social Security Number	Name (last, first middle)	
Address (include apartment number or P.O. if applicable) City, State, ZIP			
uwsuper.edu email address @uwsuper.edu	Phone number (include area code)	Are you currently serving in the military? <input type="checkbox"/> Active Duty <input type="checkbox"/> Guard <input type="checkbox"/> Reserve	
<b>Select One:</b> <input type="checkbox"/> Current Student <input type="checkbox"/> New Student <input type="checkbox"/> Re-Entry Student Last Year/Term of Enrollment _____ <input type="checkbox"/> Transfer Student			
<b>Select One:</b> <b>Undergraduate:</b> <input type="checkbox"/> Associate <input type="checkbox"/> BS <input type="checkbox"/> BA <input type="checkbox"/> BM <input type="checkbox"/> BFA <input type="checkbox"/> BME <b>Graduate:</b> <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MSE			
Major (s)		Minor(s)	
<b>Expected Graduation Term:</b> 20____ (select one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <b>Military Branch:</b> <input type="checkbox"/> A <input type="checkbox"/> AF <input type="checkbox"/> CG <input type="checkbox"/> MC <input type="checkbox"/> N			

Part 2: Military Benefit Programs		
<input type="checkbox"/> Montgomery GI Bill Active Duty (Chapter 30)	<input type="checkbox"/> Chapter 1606	<input type="checkbox"/> Chapter 1607
<input type="checkbox"/> Vocational Rehabilitation & Employment Program (Chapter 31)	<input type="checkbox"/> Post 9-11 GI Bill (Chapter 33) Expected percent of eligibility? _____ %	<input type="checkbox"/> Survivor/Dependent (Chapter 35) VA File No. _____
Term/Year enrollment verification required <input type="checkbox"/> fall 20____ <input type="checkbox"/> spring 20____ <input type="checkbox"/> summer 20____		
Have you been certified for VA educational benefits at UW-Superior previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you eligible for the Wisconsin GI Bill? <input type="checkbox"/> Yes <input type="checkbox"/> No (The veteran must have been a Wisconsin resident at the time of entry onto active duty)		
Will you be receiving Federal Tuition Assistance (TA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____		

Part 3: Student Authorization for Veteran and Nontraditional Student Center to notify Veteran Affairs of Changes			
My signature below authorizes UW-Superior Veteran and Nontraditional Student Center (VNSC) staff to notify the Department of Veteran Affairs (VA), or any VA funding official or active service training officer of any changes in my student status. I will notify the UW-Superior VNSC of ANY changes in my enrollment. I acknowledge I must provide my Social Security Number (SSN) to certify my enrollment at UW-Superior.			
Student Signature		Date	
For Office Use Only			
Degree	Major(s)	Minor(s)	Year/Term <input type="checkbox"/> fall 20____ <input type="checkbox"/> spring 20____ <input type="checkbox"/> Summer 20____
Date application change form submitted: <input type="checkbox"/> paper <input type="checkbox"/> VONAPP			
Documentation received: <input type="checkbox"/> DD214 <input type="checkbox"/> Kicker \$ _____ <input type="checkbox"/> Military Orders <input type="checkbox"/> NOBE			
Comments			Staff Initials: Date: