## UNIVERSITY OF Redlands

This Agreement must be completed and returned to the Military and Veteran Services Ofiice. You must return this form in order to activate your Active Duty Military Discount or VA Educational Benefits. If you have any questions please call 909-748-8478. This form can be submitted via e-mail military@redlands.edu or FAX: 909-335-4090.

Name:	Student ID:		
Street Address:			
City:	Sta	te:	Zip:
Contact Phone: ( )	Email Address:		
Social Security Number:	Da	ate of Birth:	
Military Branch:	Rank:		
Are you on Active Duty?   Yes No If "Yes", will you be using Tuition Assistance?			*See note below
Reserves or Veterans: Which VA Chapter will be used for benefits?			
□ 30 Montgomery GI Bill □ 1607 RE	AP 🗆 1606 Reservists 🗆 31 Voc Re	hab (please submit Form 28-1905)	
□ 35 Dependents/Spouse: VA file nun	nber (veteran SSN):		
33 Post 9/11: Percentage:			
Have you received VA Education Bene	efits before? 🗆 Yes - name of instituti	on where benefits were last received:	
□ No			
College/School Program Information			
College of Arts and Sciences	School of Business	School of Education	School of Continuing Studies
🗆 Undergraduate	🗆 Undergraduate	□ Graduate	Certificate
Major:	Program:	_ Program:	Program:
Graduate	🗆 Graduate	□ Credential	□ Other:
Major:	Program:	_ Program:	

Which University of Redlands campus will you be attending?

\*Tuition payment is the student's responsibility. It is your (student's) responsibility to ensure Tuition Assistance is approved prior to each course start. If you start class prior to approval, you are personally responsible for the full tuition amount. Payment of tuition is due regardless of whether education benefits from the Military, VA or other aid has been received. Since University billing and Military/VA reimbursement do not coincide, you should be ready to pay all fees prior to receipt of education benefits.

I hereby certify that I agree with the tuition terms above and that the information provided above is correct as of this date. I will notify the Military and Veteran Services Office immediately if there are any changes in the above information or if there are any changes in my schedule, program location or enrollment status.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Doctorate