

**MBA@UNC**  
**Kenan-Flagler Business School**  
**University of North Carolina at Chapel Hill**  
**Veterans Educational Benefits Enrollment Data Form**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ PID: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLEASE CHECK ONE:**

- ☐ This is the first time I have attended any University or College using my VA Benefits.  
(VA letter of eligibility or a copy of initial application for benefits is required)
- ☐ I am a new student transferring from another University or College and I have previously used my benefits.  
(22-1995 or 22-5495 change of place of training form required)
- ☐ I have attended UNC Chapel Hill and used VA benefits (CURRENT STUDENTS).

**PLEASE SELECT QUARTER FOR WHICH YOU ARE REQUESTING CERTIFICATION (ONLY 1 QUARTER PER FORM):**

*\* VA will not pay benefits for credits excluded from GPA/hours, and/or courses not included in your degree program.*

<input type="checkbox"/> JANUARY QUARTER	Year_____	Credit Hours_____
<input type="checkbox"/> APRIL QUARTER	Year_____	Credit Hours_____
<input type="checkbox"/> JULY QUARTER	Year_____	Credit Hours_____
<input type="checkbox"/> OCTOBER QUARTER	Year_____	Credit Hours_____

**PLEASE REMEMBER TO NOTIFY THE VA CERTIFYING OFFICIAL OF ANY CHANGES IN HOURS!**

**ARE ALL OF THE COURSES YOU ARE REQUESTING CERTIFICATION FOR THIS CURRENT TERM REQUIRED BY YOUR DEGREE PROGRAM?** Yes ☐ No ☐ If no, list course(s): \_\_\_\_\_

**TYPE OF BENEFITS THAT YOU RECEIVE: (PLEASE CHECK ONE)**

**ARE YOU CURRENTLY ON ACTIVE DUTY?** ☐ NO ☐ YES

- |  |   |
|--|---|
| <input type="checkbox"/> CHAPTER 30, MONTGOMERY GI BILL        | <input type="checkbox"/> CHAPTER 1606, MONTGOMERY GI BILL (NAT. GUARD OR RESERVIST) |
| <input type="checkbox"/> CHAPTER 31, VOCATIONAL REHABILITATION | <input type="checkbox"/> CHAPTER 1607, RESERVE EDUCATIONAL ASSISTANCE PROGRAM       |
| <input type="checkbox"/> CHAPTER 33, POST 9-11 GI BILL         | <input type="checkbox"/> CHAPTER 35, DEPENDENTS OF 100% DISABLED VETERANS           |

VA file # (SSN) \_\_\_\_\_ (Claim cannot be processed without this number!)

I agree to advise the MBA@UNC Program Office of any changes to the above information and understand that failure to report changes to my enrollment may cause an overpayment for which I would be responsible for repayment to the V.A. If I fail to report changes to my enrollment status, I understand that this office reserves the right to process subsequent certifications by quarter and/or after the quarter is completed. I acknowledge that UNC-CH may release non-directory information to the Veterans Administration as needed to comply with V.A./Government regulations. I understand that it can take up to 60-90 days for the VA to process this claim.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Veterans Administration is empowered to solicit the information requested in this form under the authority of Title 38, United States Code.

Submit form to:  
MBA@UNC  
Attn: Jessica Brinker  
Kenan-Flagler Business School  
1205 Environ Way  
Chapel Hill, NC 27517 Fax: 919.962.0159