

File this form once each
academic year.
(Fall, Spring, Summer)

**SCHOOL INFORMATION FORM
VETERANS AFFAIRS
THE UNIVERSITY OF LOUISIANA AT MONROE**

DATE: _____

PLEASE PRINT: Complete all blanks. A form returned to you for completion of missing information may delay receipt of your benefits:

<p>Name: _____ First Middle Last</p> <p>Home telephone number: () _____ Work telephone number: () _____</p> <p>VA claim number: _____</p>	<p>Date of Birth: Month _____ Day _____ Year _____</p>				
<p>Local mailing address: _____ Street or P.O. Box _____ (City) (State) (Zip Code) E-mail address: _____</p>	<p>Do you prefer direct deposit? " Yes " No If yes, please indicate name of bank, bank routing number, and number of either checking or savings account to which you wish the deposit to be made.</p> <p>Name of Bank: _____ Routing # : _____ Account # : _____ Checking Saving</p>				
<p>Dependency Status (check) " a. single " b. married - How many children _____ " c. divorced " d. other _____</p>					
<p>Number of semester hours you plan to take (per semester/summer term) <u>this academic year:</u></p> <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 5px; width: 25%;"> ____ Fall, ____ hrs. yr. </td> <td style="border: 1px solid black; padding: 5px; width: 25%;"> ____ Spring, ____ hrs. yr. </td> <td style="border: 1px solid black; padding: 5px; width: 25%;"> ____ 1st Summer term, ____ hrs. yr. </td> <td style="border: 1px solid black; padding: 5px; width: 25%;"> ____ 2nd Summer term, ____ hrs. yr. </td> </tr> </table>		____ Fall, ____ hrs. yr.	____ Spring, ____ hrs. yr.	____ 1 st Summer term, ____ hrs. yr.	____ 2nd Summer term, ____ hrs. yr.
____ Fall, ____ hrs. yr.	____ Spring, ____ hrs. yr.	____ 1 st Summer term, ____ hrs. yr.	____ 2nd Summer term, ____ hrs. yr.		
<p align="center">ULM Academic College or Graduate School</p> <p>" College of Arts and Sciences " College of Business Administration " College of Education and Human Development " College of Health Sciences " College of Pharmacy " Graduate School</p> <p>Academic Major: _____</p>					
<p>NOTE: INFORMATION ON THIS FORM MUST BE THE SAME INFORMATION ON FILE IN THE ADMISSIONS OFFICE.</p>					
<p>I verify that this information is accurate, and understand that educational pay benefits cannot be authorized until I file an Enrollment Certification form immediately after completing registration each semester or summer term.</p> <p align="right">_____ Signature of Veteran/Dependent</p> <p align="right">Date: _____</p>					