REQUEST FOR BENEFITS

University of Utah
Veteran Services Office

200 South Central Campus Drive
Union Bldg RM 418
Salt Lake City UT 84112-9052
http://www.sa.utah.edu/regist/veterans/

Phone (801) 581-6945
Fax (801) 585-0356
e-mail: vetservices@sa.utah.edu

Name: __________________________________     UNID: _________________

My Benefit Chapter is (check one):              *Ch 35 only: VA-File #_________________________

☐ Ch. 30 (Former/Curr Active Duty)*
☐ Ch. 31 (Vocational Rehabilitation)
☐ Ch. 33 (Post 9/11)*
☐ Ch. 35 (Dependant)*
☐ Ch. 1606 (Reserve/Guard)
☐ Ch. 1607 (Activated Reservists)

*Ch. 30/33 ONLY: Are you currently on Active Duty?  
☐ Yes  ☐ No

*Ch. 33 ONLY: Were these benefits transferred to you by a spouse, parent or guardian?  
☐ Yes  ☐ No

What degree are you currently pursuing?

☐BA – Bachelor of Arts  ☐Graduate
☐BS – Bachelor of Science  ☐Other: __________________________

What is your major?

________________________________________________________________________

Be sure to specify emphasis, program, or track. For example: Communications (Organizational, Interpersonal, etc.), Art Studio (Ceramics, Illustration, etc.).

Are you currently pursuing a minor/commission/certificate?

**Minors must be required by your major, and may not qualify for benefits.

**If you are doing Military Science, Naval Science, etc. list them here.

☐Yes  ☐No   If yes, what is your minor?:_________________________________

How many hours do you plan to attend each semester?

Fall  20____ ; Credit Hours ______
    (Year)

Spring  20____ ; Credit Hours ______
       (Year)

Summer  20____ ; Credit Hours ______
       (Year)

Sign here if you want Advanced Pay:____________________________________

(Only applies to CH 30, 35, 1606, 1607)

You will only receive advanced pay if you did not receive benefits the previous semester, and if you submit a signed request at least thirty-five days prior to the beginning of the semester.

In accordance with the Family Educational Rights and Privacy Act (FERPA), we will not be able to release any information regarding your VA benefits or educational record to you or anyone else via phone or email. You can authorize us to talk to you or some one else by filling out the FERPA consent release online through Campus Information System (CIS). Without this, we will only release information to you and you will need to come in with a picture ID.

_______________________________________________         _____________________
Student’s Signature                                                                                       Date