



Request for Benefits

The University of Utah - Veteran Services Office - Union, Room 418
Office of the Registrar • 201 S 1460 E RM 250 N • Salt Lake City UT 84112 •
801-581-6945 • fax 801-585-0356 • vetservices@sa.utah.edu •

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Name _____ UNID _____

My Benefit Chapter is (Check one):

- Ch. 30 (Former/Current Active Duty)* *Ch. 35 only: VA-FILE# _____
- Ch. 31 (Vocational Rehabilitation) *Ch. 30/33 only: Are you currently Active Duty? Yes No
- Ch. 33 (Post 9/11)* *Ch. 33 only: Were these benefits transferred to you by a spouse,
- Ch. 35 (Dependent)* parent, or guardian? Yes No
- Ch. 1606 (Reserve/Guard)

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, Illustrations, 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 below

Yes No If yes, what is your minor: _____

How many hours do you plan to attend each semester?

Fall	20 _____	Credit Hours _____
Spring	20 _____	Credit Hours _____
Summer	20 _____	Credit Hours _____

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 35 days prior to the beginning of the semester.

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

Student Signature _____ Date _____