

**TEACHERS COLLEGE, COLUMBIA UNIVERSITY
OFFICE OF THE REGISTRAR**

VETERANS BENEFITS: ENROLLMENT VERIFICATION REQUEST

Term: Autumn 20___ Spring 20___ Summer 20___

Name: _____

TC ID#: T _____

Social Security Number: _____

Mailing Address: _____

Please indicate the Education Assistance Program under which you are filing to receive benefits:

_____ Chapter 30 Montgomery GI Bill® – Active Duty

_____ Chapter 31 Veterans Readiness and Employment (VR&E)

VA Representative Email: _____

_____ Chapter 32 VEAP (Veterans Educational Assistance Program)

_____ Chapter 35 Survivors/Dependents Benefits

VA Sponsor Name: _____ VA Sponsor SSN: _____

_____ Chapter 1606 Montgomery GI Bill® – Selected Reserve

_____ Chapter 33 Post 9/11 GI Bill®

Percentage of Entitlement _____

Are you applying for Yellow Ribbon Benefits? _____
(You must be eligible for 100% entitlement to receive Yellow Ribbon benefits)

You are responsible for all tuition and fees not covered by the VA. Please note that the VA does not pay for housing or meals.

Signature _____ Date _____

IMPORTANT NOTE: You must notify the Office of the Registrar of any changes in your registration. The Veterans Administration requires prompt notification of changes in status.