

Name:	SSN:	ECU ID	:
Mailing Address:	City:	State:	Zip:
Phone Number: ()	ECU Email Address:		@email.ecok.edu
Undergraduate: Graduate	: Term: Spring: _	Fall:Sur	nmer: Year: 20
Major:	Concentration:	Minor:	
2nd Major:All double majors must meet the requirements as outlined in the ECU course catalog. All requests must be submitted to the School Certifying Official prior to the veteran student's entrance into the dual objective study. All requests must be signed by the chairperson or dean of the department involved in granting the dual degree or major.			
I am a veteran or am on active duty requesting the following VA Benefit:			
Post-9/11 (Chapter 33)	Montgomery GI Bill (Active Duty, Cl	apter 30) Vo	ocational Rehabilitation (Chapter 31)
REAP (Chapter 1607)*	_MGIB Selected Reserve (Chapter 16	06)*	
(* Please Indicate: National Guard	or Reserve)	
If you checked Chapters 30, 31, 1606, or 160 I am on Active Duty Yes _ (If yes, are you receiving additional aid from t	No		
What Type:			
CHAPTER 1606/1607 Only: Did you receive a kicker as part of your educational benefits? Yes No (1606 and 1607 only)			
I am a Dependent/Spouse requesting the following VA Educational Benefit:			
Dependents' Educational Assistance (Chapter 35: dependent/spouse of deceased or 100% totally and permanently disabled veteran.)			
Post 9/11 (Chapter 33T: parent or spouse was on active duty when benefits were transferred.)			
 I understand that I must report all changes of class schedules (drop/add/withdrawal) to Veterans Student Support Services immediately upon processing. 			
- I understand that I must complete a Veteran Intake Sheet for EACH semester that I desire to receive benefits. I will not be certified if I have not done so.			
- I grant permission for representatives from ECU Veterans Student Support Services to check my class attendance, participation, and grades and report all irregularities to the Regional VA office as required.			
- Failure to complete any of the above could result in the delay or loss of educational benefits through the VA.			
STUDENT SIGNATURE:		DATE:	
For Office Use Only			
NET Full Semester hrs 1st 8 wk hrs 2nd Student changed major/minor to:	W TRANSFER CONTINUE Alternate Calendar 8 wk hrs La:	CONCURRENT hrs Extended T Intersession st semester VA certified at EC	erm (sum) hrs hrs Date J?
Remarks: Kicker sent for new student:	Add Code:		
Initials:			Date: