

**GI BILL Educational Benefits Form
2017-2018**

Section B –continued

Student Level: Undergraduate____ Graduate____ Professional____ Non Degree____

UIC College: ex. Liberal Arts and Sciences: Criminal Justice

Applied Health Sciences: _____ Architecture & the Arts: _____ Business Administration: _____

Dentistry: _____ Education: _____ Engineering: _____

Graduate: _____ Liberal Arts & Sciences: _____ Medicine: _____

Nursing: _____ Pharmacy: _____

Public Health(degree seeking only): _____ Social Work: _____

Urban Planning & Public Affairs: _____

Are you currently on active duty? Yes ____ No ____

Have you received VA educational benefits before? Yes ____ No ____

Under which chapter did you last receive benefits? 30 ____ 31 ____ 32 ____ 33 ____ 35 ____ 1606 ____ 1607 ____

What was the last semester and year that you received benefits at UIC? _____

Under which chapter are you enrolling? 30 ____ 31 ____ 32 ____ 33 ____ 35 ____ 1606 ____ 1607 ____

Important: You must notify our office of dismissal or withdrawal from UIC or of changes in your schedule, college, or final grades. Failure to do so can result in a debt to either UIC or the US Department of Veterans Affairs.


Recipient Responsibilities: By signing below you are accepting responsibility for any overpayment resulting from inaccurate or false information on this form. You have the legal responsibility of notifying the UIC Veterans Affairs Office of any changes in status or enrollment. Failure to notify this office of any status changes may result in over or under payment and a delay in your benefits by the Department of Veterans Affairs.

Section C – Student Signature

I certify that the information and class schedule provided are true and correct.

Student Signature

Date

ENTER YOUR UIN 

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