Campbellsville University

Veteran's Education Benefits Tracking Form 2024-2025

Today's Date:		Semester to begin coursework:	
Full Name of S	tudent:		
Birthdate: SSN:		CU ID#:	
E-mail Address	s:		
Home Address:	:		
Phone # Primar	ry:	Secondary:	
Were benefits t	ransferred to you? NO	YES	
If yes, from?		Relation to you:	
•	CH 33-Post 9/11 GI Bill®		CH 30-Montgomery Bill
	CH 31-Vocational Rehab	CH 1607-Army Reserve	FRY
	CH 1606-Montgomery GI	Bill® Selected Reserves	
	CH 35-Survivors & Depen	dents*	
*CH 35 Required: VA File#		Payee#	
Qualifying Vet	eran's First & Last Name		
Have you used	benefits in the past? NO	YES If yes, where?	
Colleges Attend	ded:		
Degree Seeking: Major:		Minor:	
I acknowled	ge that I am responsible for notifying the	Registrar's Office of any change in course	schedule, program (major/minor), or contac
needed information	and/or documentation to the Veterans A		niversity, the Registrar's Office will release ited to class schedules, unofficial transcripts ease any records to VA.
	wledge that the SCO, School Certifying Cission for the release of that information		r information regarding non-punitive grades
Signature:		Date:	
		Registrar's Office	

1 University Drive, PO 789 Campbellsville, KY 42718 Phone: 270.789.5442 Fax: 270.789.5362 $SCO\ \underline{matherton@campbellsville.edu}$

"GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government Web site at https://www.benefits.va.gov/gibill."