

Edward Via College of Osteopathic Medicine

Veteran'sEducational Benefits Request Form

All students who have veteran's educational benefits available to the must submit a new request form each semeste (fall and spring) regardless whether the ynter to use their veterar's educational benefits rot.

General Information

Name:

Last

First

MI

VCOM Email:

Semeter:

Benefit Information

Indicate if you will utilize VA Educational Benefits this semester?

Year:

If yes, complete this form in its entirety If no, skip to pages of the form tosign and dateskip pages 1 and 2)

Please selectyour current military status:

Have you used educationabenefits at VCOM before?

If No, submit a Certificate of Eligibility

Have you used VA

Course Enrollment Certification

Semester

Year

My signature below is acknowledgment that I will be enrolled in the above courses for the semester. I understand that courses are subject to change. VCOM will notify me if such a revision should occur for my enrolled courses.

Statement of Understanding: