



Military &

Veteran Enrollment Services

2010-2011

RETURNING STUDENT WORKSHEET

1. NAME (First, middle, last)		2. SOCIAL SECURITY NUMBER		3. RIT University ID Number	
4. LOCAL ADDRESS		5. PERMANENT ADDRESS (if same as block 4, write same)		RIT Program: (example: Elec. Eng. Tech)	
				Major Code: (example (ITFE))	
6. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED, Spouse's name: _____ <input type="checkbox"/> DIVORCED			7. NUMBER OF DEPENDENTS		8. RIT EMAIL ADDRESS
9. Please provide the name & phone number of whom to contact in case of emergency			10. LOCAL PHONE NUMBER ()		11. OTHER PHONE NUMBER ()

12. Is the mailing address above different from the address previously used for benefits?..... Yes No
If Yes, please check here if you need a VA Change of Address Form. (VAForm-572).....
13. I have additional dependents, and need a VA Dependent Change form. (VA Form 21-686c) Yes No
14. I need to change my Veterans Education Benefits... .. Yes No
15. I have changed my RIT college or major course of study, within the last year... .. Yes No
If changed, please complete VA Form 22-1995 or 22-5495.
16. Do you have additional coursework to transfer to your program?... .. Yes No
If so, bring us your documents, official transcript or other training certificates.
17. I am interested in learning more about the AREA Veteran Organizations..... Yes No
18. I have an increase in service connected disability and will need help while at RIT... .. Yes No
19. Would you like to become a peer tutor for a course you have previously completed and received an A or B?..... Yes No
20. Please provide me with the following information on the following subjects:
- Veteran Benefits Financial Aid Verification Veteran's Academic Assistance Program
- Tuition Deferment Veterans WORKSTUDY ConAP
- Military Credits Distance Learning DAV Scholarships

Please forecast the number of Credit Hours you will be Registering for in the School Year 2010-11

FALL TERM (20101)	WINTER TERM (20102)	SPRING TERM (20103)	SUMMER TERM (20104)
Credit Hours: _____	Credit Hours: _____	CreditHours: _____	Credit Hours: _____
Co-op Payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-op Payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-op Payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-op Payment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Deferment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deferment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deferment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deferment? <input type="checkbox"/> Yes <input type="checkbox"/> No

Notice: Your RIT veteran records will be maintained in Military & Veteran Enrollment Services (MVES) to verify your veteran status with the Registrar; the total amount of VA Educational Benefits to Financial Aid, and to implement the RIT Veteran Tuition Deferment with Student Financial Services. Personal information will remain confidential and will be released, only as you have authorized below.

I understand that I must report any changes in my enrollment to MVES, to prevent an overpayment of my veteran education benefits ()
I hereby authorize the release of my Veteran file information to the following individuals. By releasing my information to "ANYONE," all persons with a need to know will have access. You can deny all access to your files, by selecting "NO ONE" or, you can specify a single person access. Ask, if this is unclear or you have any other questions.

<input type="checkbox"/> ANYONE (on a need-to-know basis)	SIGNATURE	DATE
<input type="checkbox"/> NO ONE		
<input type="checkbox"/> Specifically: _____		

MVES USE ONLY	DA2171	DD214	DD2384	22-1993a	22-1990	22-5490	22-1995	22-5495	28-1905	RE	FAV	ME	DEF	MVES Code
Required														
ON FILE														

Remarks:

