

DECLARATION OF INTENT TO APPLY FOR VETERANS BENEFITS FORM

OFFICE OF THE REGISTRAR/STUDENT SERVICES



In an effort to assist Roseman-admitted, eligible Veterans receive Veterans Administration (VA) benefits (if they so choose) from the Department of Veterans Affairs, the university requires admitted students to mark "YES" or "NO" TO the statement below.

STUDENT/ALUMNI CONTACT INFORMATION			Student ID # 0000 _____
Last Name	First Name	MI	Student Email @student.roseman.edu

CAMPUS AND PROGRAM INFORMATION				
<input type="checkbox"/> HENDERSON CAMPUS <input type="checkbox"/> SOUTH JORDAN CAMPUS				
DENTAL: DMD Class of 20 _____ ORTHO: AEODO Class of 20 _____	MBA: MBA Class of 20 _____	NURSING: ABSN: Feb, Class of 20 _____ July, Class of 20 _____ Oct, Class of 20 _____ BSN: Class of 20 _____	PHARMACY: Pharm Class of 20 _____ Pharm/MBA Class of 20 _____	WITHDREW: Year Withdrawn: 20 _____

PLEASE CHECK "YES" OR "NO" BELOW:

YES, I will be applying for Veterans Administration (VA) Benefits.

If "yes," please read and sign the acknowledgement statement below:

I acknowledge that before I enroll in the program and the University can certify* me to be eligible for VA benefits, I must provide an official copy of all of my civilian and military transcripts. I may use the following websites to submit an official copy of my military transcripts to the University:

- Air Force: <http://www.au.af.mil/au/ccaf/>
- Navy and Marine Corps <https://www.navycollege.navy.mil/transcript.html>
- Army <http://aarts.army.mil/>
- Coast Guard <http://www.uscg.mil/hq/cgi/>

*Certification paperwork is completed and kept on file in the Registrar/Student Services Office.
Phone: (702) 968-2029 **Email:** registrar@roseman.edu

STUDENT NAME PRINTED: _____ **DATE:** _____

STUDENT SIGNATURE: _____ **SOCIAL SECURITY NUMBER:** _____

NO, I will not be applying for VA Benefits.

If "no," No further action is required, thank you.

STUDENT NAME PRINTED: _____ **DATE:** _____

STUDENT SIGNATURE: _____ **SOCIAL SECURITY NUMBER:** _____