MAC Program Kenan-Flagler Business School University of North Carolina at Chapel Hill Veterans Educational Benefits Enrollment Data Form

Name:	Email:
Phone: PID:	Address:
City:	State: Zip:
Service Branch:	Active Duty (please circle): YES / NO
VA file # : (Cla	aims cannot be processed without this number)
PROGRAM INFORMATION: (PLEASE CHECK ONE)	
Full Time Campus MAC	
Online MAC Program	
*Please Indicate the quarter you are startin	ng: 🗌 January 🔲 March 🔲 June 🔲 September
TYPE OF BENEFITS THAT YOU PLAN TO RECEIV	E: (PLEASE CHECK ONE)
CHAPTER 30, MONTGOMERY GI BILL	CHAPTER 1606, MONTGOMERY GI BILL (NAT. GUARD OR RESERVIST)
CHAPTER 31, VOCATIONAL REHABILITATION	CHAPTER 1607, RESERVE EDUCATIONAL ASSISTANCE PROGRAM
CHAPTER 33, POST 9-11 GI BILL	CHAPTER 35, DEPENDENTS OF 100% DISABLED VETERANS*
	*Service Member VA File #

By signing below I agree to allow the MBA Program Office to continually certify my enrollment throughout the program based on my class registration. I understand that it is my responsibility to report any changes to the above information in addition to changes in my schedule outside of the registration periods. I understand that failure to report changes to my enrollment may cause an overpayment for which I would be responsible for repayment to the V.A. If I fail to report changes to my enrollment status, I understand that this office reserves the right to process subsequent certifications by quarter and/or after the quarter is completed. I acknowledge that UNC-CH may release non-directory information to the Veterans Administration as needed to comply with V.A./Government regulations. I understand that it can take up to 60-90 days for the VA to process claims.

Signature _____ Date

ate _____

The Veterans Administration is empowered to solicit the information requested in this form under the authority of Title 38, United States Code.

Submit form to: MAC Attn: Certifying Official Fax: 919.962.0159 Or scan and email to: kfveteransaffairs@kenan-flagler.unc.edu