

Benefit Update Request Form

Name:	UIN:
Current Benefit:	Benefit Being Requested:
Enter the year for the term being updated Update Term: FALL 20 SPRING 20 SUMMER 20	
By submitting this request to use/revise my military education benefits, I agree that: (Please initial each statement)	
Veteran Affairs (VA), or other military educ	uition and fees not paid by the Department of ation benefit. ent official degree plan, and if I enroll in courses
not in my degree major, I will be responsible	e for those associated tuition and fees charges.
I understand changes to my enrollment may impact my military education benefit status, which may result in tuition and fee charges which I will be responsible for paying. I acknowledge that all documentation required for this revised/new military	
education benefit has been uploaded and is c	complete.

Student Signature

Date