

Office of Military and Veterans Resources- **New Student Intake Form**

Last Name: _____ First Name: _____

Primary Contact #: (_____) _____

Preferred email: _____
All students are expected to use their BCC email once registered for classes

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Branch of Service: *(circle one)* **AIR FORCE** **ARMY** **COAST GUARD** **MARINES** **NAVY**

Military Status: Active Duty Active Reserve Inactive Reserve Veteran
(Circle One) National Guard Dependent Spouse Dependent Child

VA Educational Benefits Information:

Type of Benefit:

If Chapter 33, what %:

Have you used VA Education Assistance at another school? Yes No

Program of Study/Interest:

AA / AS / AAS / Continuing Ed. Certificate / Other: _____

Major: _____
If undecided list Undeclared as major

Application Information: Semester: Fall / Spring 20 /21

Freshman Transfer Readmit

Prepared by: _____ Today's Date: _____

Documents Collected: DD214 _____ Cert of Eligibility _____ VA 1995 _____ Fee Waiver _____
(attach documents collected) Voc Rehab Forms _____ Other: _____
EMPL ID: _____

NOTES:

Did you apply to the college? [Y or N] **No App** **Direct** **Online**

Were you Admitted to the College? [Y or N] _____

Placement Test? [Y or N] If Yes, Date? _____

Do you have a Registration Date? [Y or N] If Yes, Date? _____

Do you want to be advised by VMR Office? [Y or N] If Yes, Date? _____

Have you applied for your benefits i.e. Chapter 33/ 30/35? [Y or N] If yes, do you have a copy of

COE? _____
