



Student Veteran Program Information Sheet

Student Name: _____
(Please Print)

Student ID: _____

Today's Date: _____

Academic Year: _____

Contact Information:

Street Address: _____

City: _____

State: _____

Zip Code: _____

Email Address: _____

Phone #: _____

Complete the following information:

Social Security Number: _____

VA File Number: _____

VA Benefits Chapter: _____

Date of Birth: _____

Degree / Major: _____

Expected Grad Date Semester/Year: _____

Are you receiving active duty tuition assistance? _____

Student Signature: _____

SC Official Signature: _____

Submit this document and all VA documentation:

In person: BCOM, Suite 101

By email: registrar@bcomnm.org

By fax: 575-674-2219