



**Burrell College of  
Osteopathic Medicine**  
3501 Arrowhead Drive  
Las Cruces, NM 88001  
[www.bcomNM.org](http://www.bcomNM.org)

## Student Veteran Program Information Form

Student Name: \_\_\_\_\_  
(Please Print)

Student ID: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Academic Year: \_\_\_\_\_

### Contact Information:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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### 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](mailto:registrar@bcomnm.org)

By fax: 575-674-2219