Las Cruces, NM Campus
3501 Arrowhead Drive
Las Cruces, NM 88001

BURRELL COLLEGE of HEALTH SCIENCES

Melbourne, FL Campus
150 West University
Blvd. Melbourne, FL

# 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 #: _____

**Complete the following information:**

Facility Code: _____

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: _____

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Submit all documentation to the Registrar at
registrar@burrell.edu