Veterans' Student Activity Log

Name_____ Date of Birth

Last Name First Name Initial Month Day Year

Social Security **University ID Number**

Mailing Address_____

Street **City** **State** **Zip Code**

Enter expected discharge date if currently on Active Duty

Month Day Year

Are you a dependent or military spouse Yes No

Did the active duty member die in the line of duty? Yes No

E-Mail: **@**

Phone/Cell Number:

----------OFFICE USE ONLY BELOW THIS LINE ----------

IVG Number MIA POW Number

Vet Code GI Bill Rate Input Date

Chapter **Monthly** **Month** **Day** **Year**

Date Event Initials