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

| Last Name: | | First Name: | | |
|--|-------------------------------|---------------------------|----------------------|----------------|
| Primary Contact #: () | | | | |
| Preferred email: *All students | s are expected to use their E | BCC email once registered | l for classes* | |
| Address | | | Ap | ot# |
| City Branch of Service: (circle one) | State AIR FORCE ARM | Y COAST GUARD | Zip Code MARINES NA | AVY |
| Military Status: Active Duty | Active Reserve | Inactive Reserv | e Veterai | ገ (Circle One) |
| National Guard Dependent Spe | ouse Dependent | Child | | |
| VA Educational Benefits Informati | ion: | | | |
| Type of Benefit: | | | | |
| If Chapter 33, what %: | | | | |
| Have you used VA Education Assist | tance at another sch | ool? Yes N | lo | |
| Program of Study/Interest: | | | | |
| AA / AS / AAS / Continuing Ed. Cert | tificate / Other: | | | |
| Major: If undecided list Undeclared as majo | | | | |
| Application Information: | Semester: Fall / Spr | ing 20 /21 | | |
| | Freshman Trai | nsfer Readm | it | |
| ******** | FOR OFFICE USE | ONLY***** | ****** | ***** |
| NOTES: | | | | |
| oid you apply to the college? [Y or l | N] No App Di | rect Online | | |
| y: | | Today's I | Date: | |

| Documents <u>Pl</u> | acement Test? [Y | or N] If Yes, Date? | | Collected:DD214 | Cer of Eligibility |
|---------------------|--|--------------------------------------|------------------------------|------------------------------------|--------------------------------|
| | | VA 19 | 995 <u>Fe</u> e Wai | ver | |
| (attach doo | cuments collected) | | | | |
| | - | gistration Date? [Y or N] 1PL ID: | | | |
| | Do you want to b | e advised by VMR Office? | [Y or N] If Yes, Date? | | |
| | Notes: | | | | |
| | | l for your benefits i.e. Cha | pter 33/ 30/35? [Y or | N] If yes, do you have a copy | y of |
| 2052 | | | | Did you an | ply to the college? [Y or |
| COE? N] No A | \pp | | Direct | Online | pry to the conege: [1 or |
| | | | _ | | |
| | Were you Admit | tted to the College? [Y or | r N] | | |
| l understand t | hat in order to be con | npliant with CUNY policies I r | nust complete the ESPAR | C, or the Employee Sexual Miscond | duct Prevention and Respon |
| Placement 1 | Test?[Y or N] If \ | Yes, Date? | | | |
| Course, withir | | | | lo not complete ESPARC training v | vill not be allowed to enroll. |
| | All staff members o | f the Office of Veteran and Mi | ilitary Resources (VMR) ar | e employed by Bronx | |
| | Community College | e and do not work for or repre | sent the Dept. of Veterans A | Affairs (VA) or Dept. of | |
| | Defense (DOD). VM | MR staff provides Military, Ve | teran and Dependent stude | nts with guidance when | |
| | | such as VA Educational Bene | | | • |
| | | no authority over the VA or D | | | y of |
| | | ther VA matters. Military, Ve | | | |
| | covered by their Ed | | VIM deadlines and any tul | tion and fees, late fees, etc. not | |
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| - | Fo ho filled by VM | /D Offico***** | | | |
| | To be filled by VM Prepared by: | IK UIIICE TETT | То | day's Date: | <u>-</u> |
| | Documents Collected: | (attach documents collected) | | | |
| | Cert of Eligibilit | v VA 1995 | Fee Waiver | DD214 | |

| Voc Rehab Forms | Other: |
|-----------------|--------|
| | |
| EMPL ID: | |