

Florida Atlantic University

Office of Veteran Affairs

Chapter 30 - Entitlement

Indicate the number of **years** you have **served in active duty**: _____

Indicate your **Entitlement** (the number of months in full time benefits remaining to a veteran or dependent): _____

Print Name

Signature

Date

Please submit to the following location:

**Jason Morgenthal, Veterans' Affairs Representative/Senior Financial Aid Officer
Veterans' Affairs Office
Florida Atlantic University
777 Glades Road
Boca Raton, FL 33431-0991**

Office Use Only:

Delimiting Date (the date on which an eligible person loses all the entitlement(s) he/she has not used.) _____