

# Update to the Survey Required by Public Act 96-0133 Under the Illinois Higher Education Veterans Services Act

Effective: \_\_\_\_\_

## Institutional Information

University or Community College: \_\_\_\_\_

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

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

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

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

Telephone: \_\_\_\_\_

Website: \_\_\_\_\_

Website URL for Veterans and Military Services: \_\_\_\_\_

Student Population: \_\_\_\_\_

Veteran Population (student no longer serving in the military): \_\_\_\_\_

Military Personnel Population (active duty and reservists): \_\_\_\_\_

Dependent Population: \_\_\_\_\_

VA Work Study Positions: Yes: \_\_\_\_\_ No: \_\_\_\_\_

ROTC Programs: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Branches: \_\_\_\_\_

Military/Veterans Club or Organization: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of Military/Veterans Club or Organization: \_\_\_\_\_

Name of POC for Military/Veterans/Club or Organization: \_\_\_\_\_

Email of POC for Military/Veterans/Club or Organization: \_\_\_\_\_

Offer Priority Registration to:

Veterans: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Military Personnel: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Dependents: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Monthly Rates of Pay or Housing Allowance for Full-Time In-Resident Students:

Chapter 30: \_\_\_\_\_ Chapter 33: \_\_\_\_\_ Chapter 35: \_\_\_\_\_ Chapter 1606: \_\_\_\_\_

Military/Veteran/Dependent Specific Scholarships: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, Please Describe:

## Points of Contact

### Administration

President: \_\_\_\_\_

Director of Financial Aid: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Registrar: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

### Veteran Coordinator

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

### Primary Veteran School Certifying Official

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

### DOD Tuition Assistance POC

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**Illinois Veterans Grant/Illinois National Guard Grant POC**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**MIA/POW Scholarship POC**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Student Services**

Please indicate which of the following provide programs or services designed for veterans or military personnel and their families:

- \_\_\_\_\_ Academic Advising Office
- \_\_\_\_\_ Academic Support/Tutoring
- \_\_\_\_\_ Admissions Office
- \_\_\_\_\_ Campus Social Events
- \_\_\_\_\_ Career Services
- \_\_\_\_\_ Counseling Center
- \_\_\_\_\_ Bursar Office
- \_\_\_\_\_ Disability Service Office
- \_\_\_\_\_ Employment Assistance
- \_\_\_\_\_ Financial Aid Office
- \_\_\_\_\_ Health Services
- \_\_\_\_\_ Mentoring
- \_\_\_\_\_ Orientation
- \_\_\_\_\_ Student Center
- \_\_\_\_\_ Transition Assistance
- \_\_\_\_\_ Tuition Assistance Counseling
- \_\_\_\_\_ Veterans Center
- \_\_\_\_\_ Other (please specify)

As needed, please provide below detail concerning programs and services available to veterans, military personnel and families.

Please indicate which of the following communication methods are used to inform currently enrolled veterans, military personnel and their families about programs and services available to them:

- Advisor
- College Catalog
- Email
- Mailing
- Print Advertisements
- Online
- Other (please describe)

Please describe how your institution tracks retention and goal completion of veterans and military personnel:

Please indicate which accommodations are made for students called to active duty during a term, semester or quarter.

- Tuition and fee refund policy
- Leave of absence policy
- Distance education options to complete coursework
- Other (please describe)

Please indicate which accommodations are made for families of military personnel called to active duty during a term, semester or quarter.

- Tuition and fee refund policy
- Leave of absence policy
- Online options for continuing in the same semester
- Other (please describe)

When called to active duty during the semester, would the semester count as a withdrawal?

- Yes
- No

Comments:

Does your institution accept military credit?

- Yes
- No

Does your institution use the ACE Guide to the Evaluation of Educational Experiences in the Armed Services in making determination for accepting credit?

- Yes
- No

Does your institution accept Defense Activity for Non-Traditional Education Support (DANTES):

- Yes
- No