

## MILITARY AND VETERAN OBLIGATION FORM

This form is used for students who are ordered to military service obligations. Use of this form is described in the Eastern Michigan University Military and Veteran Obligation Policy.

*(Use additional pages if necessary and attach any supporting documents)*

Today's Date: \_\_\_\_\_ Departure date: \_\_\_\_\_ Date of potential return: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Student's EID: \_\_\_\_\_  
Student's E-mail: \_\_\_\_\_ Student's phone#: \_\_\_\_\_  
Student's Official/Primary Major(s): \_\_\_\_\_  
Student's Minor(s): \_\_\_\_\_

If not the student listed above, do you have a Power of Attorney (POA)? (Circle one) *Yes* *No*  
Power of Attorney only: My name is: \_\_\_\_\_ and a copy of my Power of Attorney is attached to this form.

The student *is* *was* enrolled in \_\_\_\_\_ undergraduate graduate level courses for a total of \_\_\_\_\_ credit hours for the *Fall* *Winter* *Summer* semester.  
The following actions have been taken with instructors and I request the following actions be considered with regard to any unfinished coursework.

- Course: \_\_\_\_\_ Requested grade\*: \_\_\_\_\_ Instructor initials: \_\_\_\_\_  
Instructor comments: \_\_\_\_\_  
- Course: \_\_\_\_\_ Requested grade\*: \_\_\_\_\_ Instructor initials: \_\_\_\_\_  
Instructor comments: \_\_\_\_\_  
- Course: \_\_\_\_\_ Requested grade\*: \_\_\_\_\_ Instructor initials: \_\_\_\_\_  
Instructor comments: \_\_\_\_\_  
- Course: \_\_\_\_\_ Requested grade\*: \_\_\_\_\_ Instructor initials: \_\_\_\_\_  
Instructor comments: \_\_\_\_\_

*\*Drop, Withdrawal, Incomplete, Actual grade*

Student *resides* *does not reside* in campus housing. If applicable, request Housing and Dining to compute pro-rated charges incurred, including meal plan option. Any remaining balance will be refunded to the student's account.

Student *purchased* *did not purchase* a parking permit. If applicable, parking services should credit the cost of the permit to the student's account.

How would you like to receive any applicable refunds:  
*Eagle Onecard account* *Bank Account* *Mailed check*

Mailing address for *mailed check*: \_\_\_\_\_

Student's training/deployment address (optional): \_\_\_\_\_

If additional information is required, I or my POA, may be contacted by phone at: \_\_\_\_\_

Student's *unit administrator* phone: \_\_\_\_\_ and e-mail: \_\_\_\_\_

Financial aid may be adjusted based on federal regulations. Contact the Office of Financial Aid for information on military deferment for federal student loans.

\_\_\_\_\_  
Student's or POA's Signature

\_\_\_\_\_  
Military and Veteran Services Rep