



INSTRUCTIONS: This form must be submitted with a copy of the class schedule by the student AFTER REGISTRATION has been completed for EVERY semester/term VA enrollment certification is requested.

Section 1: Student Information

Student ID: _____ Student SSN: _____ - _____ - _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-Mail _____

Section 2: Benefits Information

GI Bill Benefit Eligibility for (please check to specify):

- Chapter 30** – Montgomery GI Bill® Active Duty? Yes No
 - Chapter 31** – Vocational Rehabilitation (Voc Rehab)
 - Chapter 33** – Post 9/11 GI Bill® Active Duty? Yes No Post-9/11 Percentage _____%
 - Chapter 35** – Dependents Educational Assistance (DEA)
- (Required) VA Claim No. _____ Veteran's Social Security Number _____

- Chapter 1606** – Montgomery GI Bill® - Selected Reserve

Section 3: Academic Information

Degree Objective: AAS AS AA Certificate of Proficiency Technical Certificate

Academic Major: _____ Change of major: Yes No

Note: All courses of study require an updated degree plan, and all classes must be specifically listed in the degree plan.

GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA).

Term: Fall Spring Summer Year: 20_____

READ BEFORE SIGNING: I certify that I am a current student that qualifies for the GI BILL® and that I have time remaining on my benefits to cover the upcoming semester. I also certify that I am a student in good standing and that I am registered for the semester. I WILL NOTIFY the VA OFFICE IMMEDIATELY if I add/drop/withdraw from any or all of my classes. I understand that listing false information may result in the reduction or loss of my benefits. I understand that I will be responsible to pay ASU Mid-South any tuition and fees not covered by the Department of Veterans Affairs should the amount of eligibility differ from what has been estimated by the School Certifying Office. The Department of Veterans Affairs is the final authority for determining education benefits eligibility.

Signature: _____ Date: _____