

## Veteran Intent to Enroll

Instructions: This form must be submitted by student after registration for EVERY semester term VA certification is requested through the Department of Veterans Affairs.

### Section 1: Student Information

Student ID \_\_\_\_\_ Student SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Section 2: Academic Information

\_\_\_\_ Submit CBC degree signed by Faculty Advisor

\_\_\_\_ Arrange to have Official Transcripts of all previous college credit forwarded to Veterans Office.

\_\_\_\_ I have attended the following colleges: \_\_\_\_\_

\_\_\_\_ Have benefits been used at another school: \_\_\_\_ Yes \_\_\_\_ No Where \_\_\_\_\_

Check Degree Seeking: \_\_\_\_ AA \_\_\_\_ AS \_\_\_\_ AAS \_\_\_\_ CERT1 \_\_\_\_ CERT2

Major \_\_\_\_\_

At the following Campus: \_\_\_\_ Beeville \_\_\_\_ Alice \_\_\_\_ Kingsville \_\_\_\_ Pleasanton

Change of Major: \_\_\_\_ Yes \_\_\_\_ No If yes, please list \_\_\_\_\_

Semester requested for Certification: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer 1 \_\_\_\_ Summer 2 Hours \_\_\_\_\_

### Section 3: Benefits Information

\_\_\_\_ Submit copy of DD214 Member 4 (Veteran Only)

\_\_\_\_ Submit Letter Basic Eligibility or VA Form 2384-1/Notice of Basic Eligibility (NOBE)

Check any Financial Assistance: \_\_\_\_ Grants \_\_\_\_ Scholarship \_\_\_\_ Other

Do you have a job/organization that pays for tuition and fees? \_\_\_\_ Yes \_\_\_\_ No

**GI Bill Benefits Eligible for (please check to specify)**

\_\_\_\_ Chapter 30-Montgomery GI Bill      \*Active Duty \_\_\_\_ Yes    \_\_\_\_ No

\_\_\_\_ Chapter 31-Vocational Rehabilitation

\_\_\_\_ Chapter 33-Post 9/11                      \*Active Duty \_\_\_\_ Yes    \_\_\_\_ No

\_\_\_\_ Chapter 35-Dependants Educational Assistance (DEA/VA Claim No. \_\_\_\_\_ Veteran's SSN)

\_\_\_\_ Chapter 1606-Montgomery GI Bill-Selected Reserve

\_\_\_\_ Chapter 1607-MGIB-Reserve Educational Assistance Program (REAP) \*does not pay tuition and fees

\_\_\_\_ Will you be using Hazlewood with any of the above chapters? (If yes, please attach Hazlewood Application)

\_\_\_\_ Complete the following at [www.vets.gov](http://www.vets.gov) , VA Official Phone Number: 1-888-442-4551

Form 22-1990-Application for Benefits of Chapter 30 and Chapter 33 students

Form 22-1995-Request to Change of Program or Place of Training (Chapter 30 & 33)

Form 22-5490-Application for Benefits for Chapter 35 (Survivors & Dependents)

Form 22-5495-Request for Change of Program or Place of Training (Chapter 35)

**PLEASE READ BEFORE SIGING:** I certify that I am a current student that qualifies for the GI Bill and that I have time remaining of benefits to cover upcoming semester. I also certify that I am a student in good standing and that I am currently registered for the semester and hours above listed. I will notify the VA office immediately if I ADD or DROP a class.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the Veteran Affairs Office.