

Request for Certification of Enrollment

<u>AFTER</u> registering for one or more new terms of enrollment, please enter a response for each item below. When you have completed the form, submit it to the VETS Center in person, or by U.S. Mail, email or fax.

Full Name:		Campus ID #:		
Mailing Addre	ss:			
City, State, Zip:		Phone:		
Major:	Minor:	Spe	ecialization:	
Anticipated Graduation Date:		Email:		<u>@angelo.edu</u>
□ Chapter 30 -	Please indicate which VA Edu "Traditional" Montgomery GI Bill Ad		atly receive benefits under: 31 - Vocational Rehabilitation	
☐ Chapter 32 - Post-Vietnam Era		☐ Chapter	☐ Chapter 33 - Post-9/11 GI Bill	
□ Chapter 35 -	Survivors and Dependents Educatio	onal Assistance Chapter	33 - Post-9/11 GI Bill Transfer of Eligil	bility
□ Chapter 160	6 - MGIB Selected Reserve	·	1607 - REAP	
		number of hours enrolled		
	Term Fall	Year	Credit Hours	
	Spring		+	
	Summer I		+	
	Summer II			
 Notify added Notify 	. Failure to do so may result in a del the ASU VETS Center if you change	ot to VA or the University t your major, minor or cond	entration.	
	•		mmediately upon registering for a ne erans Education Benefits for the term	
Signatura:			Data	

ASU VETS Center
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San Angelo, TX 76909
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VETS@angelo.edu