Veterans Educational and Transitional Services

Request for Certification of Enrollment

Please enter a response for each item below. When you have completed the form, sign and date it, and submit it to the VETS Center in person, or by U.S. Mail, email or fax.

Full Name: _____ **Campus ID #:** _____

Mailing Address: _____

City, State, Zip: _____**Phone:** _____

Major: _____**Minor:** _____ **Specialization:** _____

Anticipated Graduation Date: _____ **Email:** _____@angelo.edu

Please indicate which VA Education Benefit you currently receive benefits under:

- ☐ Chapter 30 - "Traditional" Montgomery GI Bill Active Duty
- ☐ Chapter 31 - Vocational Rehabilitation
- ☐ Chapter 32 - Post-Vietnam Era
- ☐ Chapter 33 - Post-9/11 GI Bill
- ☐ Chapter 35 - Survivors and Dependents Educational Assistanc
- ☐ Chapter 33 - Post-9/11 GI Bill Transfer of Eligibility
- ☐ Chapter 1606 - MGIB Selected Reserve
- ☐ Chapter 1607 - REAP

Please enter the number of hours to be certified by ASU:

Term	***Year***	**Credit Hours**
Fall		
Spring		
Summer I		
Summer II		

By signing below, you agree to:

1. Notify the ASU VETS Center immediately if your class schedule changes due to courses being cancelled, dropped or added. Failure to do so may result in a debt to VA or the University that you will be responsible for.
2. Notify the ASU VETS Center if you change your major, minor or concentration.
3. Complete this form and submit it to the ASU VETS Center immediately upon registering for a new term. Failure to do so will cause a significant delay in processing your Veterans Education Benefits for the term.

Signature:_____ Date: _____

ASU VETS Center
University Center, Room 113
ASU Station #11040
San Angelo, TX 76909
(voice)325.486.VETS (fax)325.942.2080
VETS@angelo.edu

Rev. 9.6.13