



ANGELO STATE UNIVERSITY  
VA OFFICE

VA Enrollment Form

Please print this form. Fill in your information and **sign** the form. FAX the form to **325-942-2082** or scan and email to: **linda.brasher@angelo.edu**.

Full Legal Name: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_ ASU ID#: \_\_\_\_\_

VA File #: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Degree: Major that you are currently pursuing (official degree plan must be on file): \_\_\_\_\_

\_\_\_\_\_

Chapter 30: \_\_\_ Chapter 31: \_\_\_ Chapter 33: \_\_\_ Chapter 32: \_\_\_

Chapter 35: \_\_\_ Chapter 1606: \_\_\_ Chapter 1607: \_\_\_

Please complete the applicable semester or term below (list **only** the number of ASU hours):

Semester	Year	Hours
Fall		
Spring		
Summer I		
Summer II		

**By signing below, you agree:**

1. To notify Angelo State's VA office if you drop a course, withdraw, change your degree program, major or address.
2. To contact Angelo State's VA office after each registration.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_