

ANGELO STATE UNIVERSITY

Active Duty / Military Dependent Certification Form

Semester of First Enrollment: Fall _____ Spring _____ Summer _____

This military form is due **prior** to your first registration period for your selected program at Angelo State University.

*****IMPORTANT: This form will remain in effect for as long as you remain continuously enrolled at ASU for your current program. If you change programs or have a break in enrollment, you are required to submit a new form upon your return to the University.**

1. Student CID Number: _____
2. Student's Full Legal Name: _____
Last Middle First
3. Mailing Address: _____
Street City State Zip

4. This is to certify that I am currently on active duty in the U.S. Military Service and stationed in Texas or that I am the dependent of active duty military currently stationed in Texas.

Name of Active Duty personnel: _____ Relationship to Student: _____

Rank: _____ Service Number: _____ Branch of Service: _____

Current Duty Assignment: _____

Mailing Address of Station: _____

State of Legal Residence as shown on Official Military Records/LES: _____

5. **I certify that if any of the above information changes during the semester for which this certification is submitted, I shall notify the Office of the Registrar in writing within ten (10) days.**

I further certify that the above information is true and correct and understand the falsification of any information on this document will void my enrollment and will subject me to the tuition penalties which are provided by the laws of the state of Texas.

Signature of Dependent Student: _____ Date: _____

Signature of Military Person named above: _____ Date: _____

6. **Certification by Unit Commander:**

The information stated above is the same as shown on the personnel records of the Active Duty Military Personnel mentioned above.

Signature of Unit Commander: _____ Date: _____



For University Use Only

Beginning Academic Term: _____

Student Rate Code: _____

Entered by / Date: _____