

Request for Certification of Enrollment

ASU VETS Center
Houston Harte University Center, Room 113
ASU Station #11040 San Angelo, TX 76906
(325) 486-VETS Fax: (325) 942-2080
VETS@angelo.edu



Last Name		First	M.I.	Campus Id
				@angelo.edu
Mailing Address			ASU E-Mail	
City		State	Zip Code	Telephone Number
Semester		Year	Graduating this Term	
			Y / N	
Major	Minor	Specialization		Active Duty
	Y / N			Y / N
Internship/Externship				
Name of Internship/Externship				
Address				
City		State	Zip	

Please Indicate VBA Benefit:

- | | |
|---|--|
| <input type="checkbox"/> Ch. 30 – Montgomery G.I. Bill | <input type="checkbox"/> Ch. 1606 – MGIB Select Reserve |
| <input type="checkbox"/> Ch. 31 – Vocational Rehabilitation | <input type="checkbox"/> Ch. 33 – Post-9/11 GI Bill (Veteran) |
| <input type="checkbox"/> Ch. 35 – Survivors and Dependents Educational Assistance | <input type="checkbox"/> Ch. 33T – Post-9/11 GI Bill Transfer of Entitlement |

The Angelo State University student, above, authorizes the VETS Center Certifying Official to certify his or her upcoming classes to the Veteran Benefits Administration.

I understand a failure to inform the ASU Certifying Official of changes to my registration, or failure to submit a new Request for Certification of Enrollment prior to the start of a semester, may result in the delay in processing of my benefit which may result in a payment due to ASU or the VBA and/or deletion of my class schedule due to non-payment.

Initial

Student Signature

Date

Submit this form AFTER registering for classes. Complete ALL fields and return to the Angelo State Veterans Education and Transitional Services (VETS) Center.