Request for Certification of Enrollment

ASU VETS Center
Houston Harte University Center, Room 113
ASU Station #11040
San Angelo, TX 76909-1047
(325) 486-VETS Fax: (325) 942-2080

◯ Fall ◯ Summer I
◯ Spring ◯ Summer II

Last Name _____ First _____ MI _____ Campus ID _____

Mailing Address _____ ASU Email _____@angelo.edu

City _____ State _____ Zip Code _____ Telephone Number _____

Graduating This Term ◯ Y / N ◯

Active Duty ◯ Y / N ◯

Please Indicate the VA Benefit:

Veteran

◯ Ch. 30 – Montgomery GI Bill
◯ Ch. 31 – Vocational Rehabilitation
◯ Ch. 33 – Post-9/11 GI Bill
◯ Ch. 1606 – MGIB Select Reserve

Dependent

◯ Ch. 35 – Survivors and Dependents Educational Assistance
◯ Ch. 33T – Post-9/11 GI Bill Transfer of Entitlement

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

_____
Initial

I understand a failure to inform the VETS Center of changes to my class enrollment, or failure to submit a new Request for Certification of Enrollment prior to the start of a semester, may result in a delay in processing of my benefit and may result in a balance due to ASU or the VA and/or deletion of my class schedule due to non-payment.

Signature: _____ Date: _____