



Request for Certification of Enrollment

This form must be completed AFTER registering for classes for an upcoming semester. Please complete all fields below and submit to the Veterans Education and Transitional Services (VETS) Center.

Last Name	First Name	M.I.	Campus ID
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Mailing Address

City	State	Zip	Telephone Number
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Y / N

Major	Minor	Specialization	Graduating this Term
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Please Identify Semester to Certify:

- | | | | |
|-------------------------------|---------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer I | <input type="checkbox"/> Summer II |
|-------------------------------|---------------------------------|-----------------------------------|------------------------------------|
-

Year

Credit Hours

Please Indicate the VA Educational Benefit to Certify:

- | | |
|---|--|
| <input type="checkbox"/> Ch. 30 – Montgomery GI 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 |
| <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 debit his or her Veteran Education Benefit balance for the identified semester and up to the credit hours annotated above, or remaining available Veteran Education Benefit, whichever is lowest. The student has read and indicates by his or her initial the following requirements:

I agree to notify the Angelo State Veteran Certifying Official of any changes to my registration.

Initial

I understand I must submit a new Request for Certification of Enrollment for each semester at Angelo State University for which I intend to use my VA Education Benefits for Tuition and Fees.

Initial

I understand that a failure to communicate changes to my registration, or a new Request for Certification of Enrollment each semester may result in forfeiture of my class schedule or result in a balance due to Angelo State University, the VA, or both.

Initial

Student Signature

Date

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