

Veteran's Registration of Enrollment Form

Student's Name: _____ TJSL ID#: _____
 Address: _____ VA File #: _____
 _____ SSN: _____
 _____ Birth Date: _____
 New Address: yes ___ no ___ # of Dependents: _____
 Anticipated Graduation Date: _____ Term/Year: _____ / _____
 Accepting TJSL health fee?: yes ___ no ___ *If no, reason* _____
 Is this your first time applying for VA Benefits at TJSL? Yes ___ No ___

If yes, you must complete and return an Application for Education Benefits form and return it to the Financial Aid Office along with a copy of your Discharge paperwork (DD-214 form).

Under what Chapter are you eligible for Veteran's Benefits?

- Chapter 30: Montgomery GI Bill – Active Duty
- Chapter 32: Veteran's Educational Assistance Program
- Chapter 33: Post 9/11 GI Bill
- Chapter 35: Dependents Educational Assistance
- Chapter 1606: Montgomery GI Bill – Selected Reserve
- Chapter 1607: REAP (Reserve Educational Assistance Program)

Check all that apply:

Entering Student Continuing Student On Active Duty Dependent/Spouse of Vet

Please list courses you are currently registered for:

_____ # of units: _____
 _____ # of units: _____
 _____ # of units: _____
 _____ # of units: _____
 _____ # of units: _____

Enrollment Status (For VA Purposes Only)

	Full-Time	3/4 Time	1/2 Time	<1/2 Time	1/4 Time
Fall/Spring	12 + units	9 -11 units	6 -8 units	4 - 5 units	1 - 3 units
Summer	6 + units	4 - 5 units	3 units	2 units	1 unit

I certify that the above information is true and correct to the best of my knowledge. I understand that TJSL evaluates all prior education for transfer credit and I must notify the VA Office and Financial Aid Office immediately of any changes in my course load.

Student's Signature: _____ Date: _____