

## 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).*

Military Branch Served: \_\_\_\_\_

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

- Chapter 30: Montgomery GI Bill
- 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
<b>Fall/Spring</b>	12 + units	9 - 11 units	6 - 8 units	4 - 5 units	1 - 3 units
<b>Summer</b>	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: \_\_\_\_\_