



Veterans Notification of Registration For \_\_\_\_\_ Academic Year

Please Check: Day Student \_\_\_\_\_ Evening/Weekend Student \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ ONLINE Student \_\_\_\_\_

Address: \_\_\_\_\_ SSN (last four digits) \_\_\_\_\_

\_\_\_\_\_ VA File # (For Chapter 35) \_\_\_\_\_

\_\_\_\_\_ Payee # (For Chapter 35) \_\_\_\_\_  
\_\_ Check here if address is new

**Check VA Status:**     Active Duty     Reservist     Inactive    **\*\*Branch of Service:** \_\_\_\_\_

*(\*\* Please fill out **Branch of Service** even though you may be retired or a dependent of a Servicemember.)*

**Check VA Benefit Program:**

Veteran     Dependent     Spouse

Post 911 - Ch 33    Entitled Percentage \_\_\_\_\_%     Dependent & Survivor - Ch 35

Montgomery GI Bill - Ch 30     Vocational Rehabilitation - Ch 31

REAP - Ch1607     Montgomery Reservist - Ch 1606

**New Students Only:**

1. Is this your first time using VA Educational Benefits?     Yes     No, when was the last time you used them and where \_\_\_\_\_

\_\_\_\_\_

2. List all previous colleges/universities you have attended:

\_\_\_\_\_

\_\_\_\_\_

3. Current degree program at VWU: \_\_\_\_\_ Advisor \_\_\_\_\_

**Current Students Only:**

1. Have you changed your degree since last registered at VWU?     Yes     No

2. Are you attending classes at another institution while attending VWU?  Yes     No  
If yes and you wish to be certified for those classes, you must speak with the Certifying Official at VWU.

3. Current \*Degree Program: \_\_\_\_\_ Advisor \_\_\_\_\_

*\*Degree must be declared in Registrar's Office*

**\*\*SUBMISSION OF THIS FORM GIVES SCHOOL CERTIFYING OFFICIAL (SCO) AUTHORIZATION TO CERTIFY YOUR BENEFITS. THIS FORM REMAINS IN EFFECT FOR THE ACADEMIC YEAR, UNLESS YOU NOTIFY THE SCO.**

**\*\* NOTIFY CERTIFYING OFFICIAL OF ANY CLASS SCHEDULE CHANGES IMMEDIATELY\*\***