

Enrollment Data Sheet

(For Veterans Affairs Education Benefits)

VEDS
FA/SP/SU

Name _____ Banner ID _____

Address _____

Phone _____ ASU Email _____

Major _____ Minor _____

Has your major changed? Yes No

I expect to receive VA Education Benefits from the following program* (Select Only One):

- | | |
|--|---|
| Chapter 33 (Post 9/11 GI Bill)
If you selected Chapter 33, are you a:
Veteran
Child/Spouse of a Veteran
Frye Scholarship Recipient | Chapter 30 (Montgomery GI Bill)
Chapter 1606 (Selected Reserves/Guard)
Chapter 1607 (Reserve Education Assistance)
Chapter 35 (Survivors & Dependents)
Chapter 31 (Vocational Rehabilitation) |
|--|---|

**If you do not know which program applies to you, please ask before making a selection*

Term of enrollment for which you are requesting benefits (*you must be enrolled to request benefits*):

Year _____ Fall Spring Summer 1 Summer 2 Entire Summer Other

If you selected "Other" please explain: _____

Please list the courses you are enrolled in for the term selected above:

Course (i.e., HIS 1200)	Hours	Course (i.e., HIS 1200)	Hours
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

Are you planning to graduate at the end of this term? YES NO

Are any of the above courses online? YES NO If yes, which courses: _____

Are you repeating a course during this term? Yes NO If yes, which course(s): _____

Do you plan to WAIVE out of the University Health Insurance Policy? YES NO

Besides FAFSA financial aid, do you receive tuition specific aid such as tuition assistance, scholarships, etc? YES NO

PLEASE NOTE: If at any time during the enrollment period indicated above, I drop a course, withdraw from school, stop attending class, change my program, or change my status in any way, I will notify the Veterans Affairs Coordinator. I understand failure to notify the VA Coordinator of such changes could result in severe legal and financial penalties. If the VA Coordinator determines a course is inappropriate for my program, I understand the course will not be certified and that only those hours determined to be required for the program will be certified. If the VA Coordinator determines a course is inappropriate, after drop/add, or after the free drop period, I understand a reduction in hours will automatically be forwarded to the Department of Veterans Affairs.

BE ADVISED: Your signature below indicates you fully understand this information and agree to the conditions.

Signature: _____ Date: _____

SSN: _____ (Your SSN is used as an identifier with the Department of Veterans Affairs)

Return this form to: Jennifer Coffey, Office of Student Financial Aid, ASU Box 32059, Boone, NC 28608
 Email the form to: financialaid@apstate.edu or Fax it to: 828-262-2585

Communications and Reminder Notices from our office will be sent to your ASU e-mail account!