

Enrollment Data Sheet
(For Veterans Affairs Education Benefits)

VEDS____
FA/SP/SU

Name _____ Banner ID _____

Address _____ City, State, Zip _____

Phone _____ ASU Email _____

Major* _____ Minor _____

**Please provide your intended major if you have not declared a major yet.* 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) | Chapter 30 (Montgomery GI Bill) |
| If you selected Chapter 33, are you a: | Chapter 1606 (Selected Reserves/Guard) |
| Veteran | Chapter 1607 (Reserve Education Assistance) |
| Child/Spouse of a Veteran | Chapter 35** (Survivors & Dependents) |
| Frye Scholarship Recipient | 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 School Certifying Official (SCO). I understand failure to notify the VA Coordinator of such change could result in severe legal and financial penalties. If the SCO 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 SCO 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: _____

Student SSN: _____ VA File Number: _____

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

****Chapter 35 ONLY - This is the qualifying service member's SSN or VA File Number**

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

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