

FERRIS STATE UNIVERSITY

VETERANS SERVICES

Class Registration Form

Name _____ FSU ID _____
(Last) (First) (Middle)

Mailing Address _____ Apt. _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail Address _____

Veteran Benefit Information:

Which benefit do you want to receive? (Check One)

- Chapter 33 Post 9/11 GI Bill (Effective August 2009) Percentage: _____%
 Chapter 30 Montgomery GI Bill – Current/Former Active Duty
 Chapter 1606 Montgomery GI Bill- Selected Reserve
 Chapter 35 Survivors' & Dependents' Educational Assistance VA File Number: _____
 Chapter 31 Vocational Rehabilitation & Employment Program Counselor Email: _____

Are you a: New Student _____ Returning Student _____ Transfer Student _____ *Complete VA Form 22-1995

Are you a: Veteran _____ Reservist/National Guard member _____ Dependent of Veteran _____ Spouse of Veteran _____

Are you currently on Active Duty? Yes _____ No _____

Academic Information:

Current Degree Program: _____

Term of enrollment: _____ 20 _____ Expected date of graduation: _____ / _____
(e.g.: Fall 2018) Month Year

Guest/Consortium? (Classes not taking through FSU) Yes _____ No _____

COURSE / SECTION #	BEGIN & END DATE	CREDIT HOURS	REQUIRED FOR DEGREE? ADVISOR MUST CHECK		IS THIS A SUBSTITUTE COURSE? ADVISOR MUST CHECK		IS THIS A REPEATED COURSE? ADVISOR MUST CHECK	
			YES	NO	YES	NO	YES	NO
COURSE THAT IS AN INTERNSHIP	BEGIN & END DATE	CLOCK HOURS	REQUIRED FOR DEGREE? ADVISOR MUST CHECK		IS THIS A SUBSTITUTE COURSE? ADVISOR MUST CHECK		IS THIS A REPEATED COURSE? ADVISOR MUST CHECK	
			YES	NO	YES	NO	YES	NO

Total number of credit hours elected for this term _____

The completion of this form authorizes the Veterans Certification Department to certify my enrollment and provide academic record information to the Department of Veteran Affairs to ensure the receipt of Educational Training Benefits. I understand that I must complete this form each semester in order to receive benefits. *It is my responsibility to notify the Veterans Certification Department immediately upon adding, dropping, or withdrawing from a course.*

Academic Advisor's Signature

Date

Please submit completed form to: Veterans Office via email veterans@ferris.edu, or drop off at University Center Ste. 121 or Timme Center 2nd floor. Contact 231-591-2022 with any questions regarding this form.