

# FERRIS STATE UNIVERSITY

## Class Registration Form

VETERANS SERVICES

FSU ID \_\_\_\_\_

Name \_\_\_\_\_  
(Last & Maiden if applicable) (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 \_\_\_\_\_ % Branch: \_\_\_\_\_
- ☐ Chapter 30 Montgomery GI Bill – Current/Former Active Duty
- ☐ Chapter 1606 Montgomery GI Bill- Selected Reserve
- ☐ Chapter 31 Vocational Rehabilitation & Employment Program
- Counselor Email: \_\_\_\_\_
- ☐ Chapter 35 Dependents' Educational Assistance (DEA)
- Name (First and Last): \_\_\_\_\_
- VA File Number (SSN): \_\_\_\_\_

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 ☐ Transfer of Benefit (TOB) ☐

Are you currently on Active Duty? Yes / No

### Academic Information:

Current Degree Program: \_\_\_\_\_

Term of enrollment: \_\_\_\_\_ Expected date of graduation: Month \_\_\_\_\_ Year \_\_\_\_\_  
(e.g.: Fall 2018)

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](mailto:veterans@ferris.edu), or drop off at the David L. Eisler Center te. 121 or Timme Center 2<sup>nd</sup> floor. Contact 231-591-2024 with any questions regarding this form.