

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	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	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 the David L. Eisler Center te. 121 or Timme Center 2nd floor. Contact 231-591-2024 with any questions regarding this form.