

VETERAN ENROLLMENT CERTIFICATION DATA FORM

**** Please complete and return to the Veteran Services Department, Fisher College**

Name: _____ Student ID # _____
(if applicable)

1. Are you a student currently taking courses in a degree program? Yes _____
No _____

2. Are you? (Check one) _____ Active Duty _____ Guard or Reserve
_____ Veteran (separated, discharged, retired)

a. If Active Duty, circle one: USA USAF USCG USMC USN

b. If Active Duty, Guard or Reserve: (date of separation) _____

3. Have you completed an application for VA Education benefits (22-1990)?

Yes _____

No _____

a. If no, go to www.gibill.va.gov; go to top menu, select Apply on-line; select education

b. If yes, have you used your benefits before at another school? Yes _____ No _____

c. If yes to "3b", sign the following statement: (do not type it, sign it)

"I request a change of Program or Place of training."

Signature _____ Date _____

4. For which VA Educational benefit(s) did you apply?

_____ MGIB Active Duty, Chapter 30

_____ VEAP, Chapter 32

_____ MGIB Select Reserve, Chapter 1606

_____ REAP, Chapter 1607

_____ Vocational Rehabilitation, Chapter 31

_____ CHAPTER 33 - Post 9/11 G.I. Bill

_____ Survivors' and Dependents' Educational Assistance, Chapter 35

5. Have you received a Certificate of Eligibility (COE) from the VA? Yes _____

No _____

(If yes, scan and send it as an email attachment, or fax it to us)

6. Are you using Military Tuition Assistance (TA)? Yes _____ No _____

7. What do you want us to do for you?

_____ Certify my current enrollment _____ Certify my next enrollment

_____ Other (briefly explain)