

Veterans Class Registration Form

Name					FSU ID		
	Last)		(First)	(Middle)			
Mailing Add	dress				Apt		<u>-</u>
City			State	Zip Code			-
Phone Num	nber		E-mail Address_				_
Veteran B	enefit Inforn	nation:					
Which bene	efit do you wa	nt to receiv	e? (Check One)				
Cha	pter 33 p	ost 9/11 GI B	ill (Effective August 2009)				
Cha		•	GI Bill – Current/Former Active	e Duty			
Cha	pter 1606 M	ontgomery (GI Bill- Selected Reserve				
Cha	ipter 35 Si	urvivors' & D	ependents' Educational Assist	ance VA File N	umber		
Cha	pter 31 Vo	ocational Ref	nabilitation & Employment Pro	ogram Counselo	r Email		_
Are you a: N	ew Student	Return	ing StudentTransfer	Student*C	Complete VA Form 22	2-1995	
Are you a: Ve	eteran	_Reservist/N	ational Guard member	Dependent of Vet	eranSpo	ouse of Veteran	
Are you curr	ently on Active	Duty? Yes_	No				
Current Deg							
Term of enr			_20 Expected d	ate of graduation:		/ear	
	(e.g.:	: Fall 2018)			WOTE	ieai	
Guest/Consc	ortium? (Classes	not taking t	hrough FSU) YesNo_				
List course	elections for	term. Please	e let us know if any courses	are internships:			
OURSE /	BEGIN &	CREDIT	REQUIRED FOR DEGREE?	IS THIS A SUBSTITUTE COURSE?		IS THIS A REPEATED COURSE	
ECTION #	END DATE	E HOURS	ADVISOR MUST CHECK YES NO	ADVISOR MUST CHECK YES NO		ADVISOR MUST CHECK YES NO	
			1123 140	11.5	140	11.5	NO
Total numb	er of credit h	ours electe	d for this term	_			
academic re I understand	cord information I that I must co	on to the Dep mplete this f	the Veterans Certification De partment of Veteran Affairs to form each semester in order t ediately upon adding, droppi	o ensure the receipt of the receipt of the receive benefits. It	of Educational Tra	ining Benefits.	
Academic A	Advisor's Sign	ature			Date		

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