



Military Enrollment Data Worksheet

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____
Street Address City State Zip Code

Cell Phone Number: (____) _____ SSN: _____ - _____ - _____

Classification: Undergraduate _____ Graduate _____

Academic Major: _____ Minor: _____

CSU ID#: 909-_____ CSU Email address : _____

Educational Benefit

Service Member (Veteran, Active Duty, National Guard, Reserves)

- Chapter 33 (Post 9/11 or Fry)
- Chapter 30 (Montgomery GI BILL)
- Chapter 31 (Voc. Rehab) Counselor name and Email: _____
- Chapter 1606 (Sel Res)
- Chapter 1607 (REAP)

Dependent (Child or Spouse)

- Chapter 33 (Post 9/11 or Fry)
 - Chapter 35 (Dependents Educational Assistance) Sponsor SSN: _____
- Relationship to Sponsor (Spouse/Child): _____

Duty Status, **Service Member only** (circle one):

Active Duty Reserves/Guard Veteran - Separated/Retired

Do anticipate using Tuition Assistance (Active Duty)? Yes No

- I understand that it is my responsibility to certify my schedule each semester by completing the VA Enrollment Certification Request Form.
- I understand that as a student using Chapter 33, I must have a current Award Letter on file with a minimum of four months of benefits remaining in order to receive Third Party Billing with my awarded percentage.

Signature: _____ Date: _____

