

VETERANS ENROLLMENT CERTIFICATION FORM

(PLEASE PRINT ALL INFORMATION)



OFFICE OF ADMISSIONS AND RECORDS, POST OFFICE BOX 9609, 3500 JOHN A. MERRITT BLVD., NASHVILLE, TN 37209-1561

SOCIAL SECURITY NUMBER: _____ / _____ / _____ DATE: _____
SEMESTER: _____ YEAR: _____
NAME: _____
ADDRESS: _____
TELEPHONE NUMBER(S): (HOME) _____ (WORK) _____

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

1. What was the last semester that you attended this institution on the G. I. Bill? Semester _____ Year _____
_____ Never attended TSU
2. I plan to enroll for the ___ Fall 200 ___ / ___ Spring 200 ___ / ___ Summer 200 ___ and take _____ credit hours.
3. Are you repeating any courses this semester? ___ Yes ___ No If yes, please list your courses in the chart provided.
4. What is your anticipated date of graduation? _____
5. Please list the courses that you are taking this semester in the chart provided.

REPEATED COURSES

TITLE OF COURSES	COURSE CODE & NO.	CREDITS	DAYS & TIMES

ENROLLED COURSES FOR THIS SEMESTER

TITLE OF COURSES	COURSE CODE & NO.	CREDITS	DAYS & TIMES

6. What is your expected degree and major: _____ / _____
Major Degree

NOTE: YOU WILL NOT RECEIVE VA BENEFITS UNLESS YOU ARE SEEKING A DEGREE AND PURSING AN APPROVED AREA OF STUDY.

Veteran's Signature _____ Date: _____