Semester Fall____ Spring_____ Summer_____ Year 20____

Veteran Student Information Sheet

Name: _____ SSN: _____ File # : _____

Mailing Address: _____ City/State: _____ Zip Code: _____

Contact Telephone: _____ E-Mail Address: _____

Please check one of the following:

New Student: _____ Continuing _____ Transfer _____ Dual Enrolled _____ Re-admitted _____

VA Educational Program (check one only)

Ch 30 GI Bill active duty _____ Ch 31 (Voc Rehab) _____ Ch 33_____ Ch 35 (Dependent) _____
Ch 1606 _____ Ch 1607_____

Are you repeating any course? Yes ____ No _____ If so which one(s)? _____
Have you declared your major? Yes_____No_____If so what is it?_____
Have you submitted a copy of your degree plan to the VA Certifying Official at your school? Yes____No____

****************************PRINT YOUR SCHEDULE HERE**

Sect #	Dept	Course #	Course Description	Day/Time	VA Use Only

I certify that the above information is correct. I accept all responsibilities for reporting any and all changes of the above information to the Veterans Services at NSU.

Signature of Student_____ Date _____

I approve and confirm that the above courses are applicable toward the student's degree program.

Signature of Advisor_____ Date_____