SSN:	Semester Fall			ıll	Spring		mmer	Year 20
Mailing Address:					Veteran Stu	ident Informa	tion Sheet	
Please check one of the following: New Student:ContinuingTransferDual EnrolledRe-admitted VA Educational Program (check one only) Ch 30 GI BillCh 31 (Voc Rehab)Ch 39 Post 9/11Ch 35 (Dependent) Ch 1606(Reserves/National Guard)Ch 1607(REAP) Are you repeating any course? YesNoIf so which one(s)? Have you submitted a copy of your degree plan to the VA Certifying Official at your school? YesNo ********************************	Name: _					SSN:		File # :
Please check one of the following: New Student:Continuing Transfer Dual Enrolled Re-admitted VA Educational Program (check one only) Ch 30 GI Bill Ch 31 (Voc Rehab) Ch 33 Post 9/11 Ch 35 (Dependent) Ch 1606(Reserves/National Guard) Ch 1607(REAP) 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	Mailing	Address:			City/State:			Zip Code:
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Ch 30 GI Bill Ch 31 (Voc Rehab) Ch 33 Post 9/11 Ch 35 (Dependent) Ch 1606(Reserves/National Guard) Ch 1607(REAP)	1	New Stud	ent:	Continuing	ng Transfer Dual Enrolled			Re-admitted
Are you repeating any course? Yes No If so which one(s)?				VA	Educationa	l Program (ch	eck one only)
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Sect # Dept Course # Course Description Day/Time VA Use Only Course # Course Description Day/Time VA Use Only	Have you	u declared u submitte	d your major ed a copy of	r? Yes your degre	_NoIf ee plan to the	so what is it?_ VA Certifying	g Official at ye	our school? YesNo
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 Student	Всет н	Бері	Course #		ourse Descri	рион	Day/Time	VA OSC OTHY
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Signature of Advisor Date	I approv	e and con	firm that the	e above cou	ırses are appl	icable toward t	the student's o	legree program.
	Signatu	re of Adv	isor					_ Date