

NAME:	
SSN:	
<b>VA File #</b> (for Chapter 35 only - need veteran's VA file number):	
ADDRESS:	
EMAIL:	PHONE:
VA Program of Eligibility: Chapter 33 (Post 9/11 GI Bill) 100% Eligible*? ☐ Yes ☐ No Chapter 30 (Montgomery GI Bill-Active Duty after July 1, 1985) Chapter 1606 (Montgomery GI Bill-Selected Reserves and National G ☐ Planning to use State Tuition Assistance (submit TA authorized ☐ Planning to use Federal Tuition Assistance (submit TA authorized ☐ Planning to use Federal Tuition Assistance (submit TA authorized ☐ Planning to use Federal Tuition Assistance (submit TA authorized ☐ Planning to use Federal Tuition Assistance (submit TA authorized ☐ Planning to use State Tuition Assistance (submit TA authorized ☐ Planning to use State Tuition Assistance (submit TA authorized ☐ Planning to use Federal Tuition Assistance (submit TA authorized ☐ Planning to use Federal Tuition Assistance (submit TA authorized ☐ Planning to use Federal Tuition Assistance (submit TA authorized ☐ Planning to use Federal Tuition Assistance (submit TA authorized ☐ Planning to use Federal Tuition Assistance (submit TA authorized ☐ Planning to use Federal Tuition Assistance (submit TA authorized ☐ Planning to use Federal Tuition Assistance (submit TA authorized ☐ Planning to use Federal Tuition Assistance (submit TA authorized ☐ Planning to use Federal Tuition Assistance (submit TA authorized ☐ Planning to use Federal Tuition Assistance (submit TA authorized ☐ Chapter 35 (Dependents and Survivors Educational Assistance) ☐ Chapter 31 (Vocational Rehabilitation) ☐ Other	ation to Registrar's Office) rization to Registrar's Office) <b>r the same courses</b> . ation to Registrar's Office) ization to Registrar's Office) <b>r the same courses</b> . (for students at 100% eligibility) for up to 50 undergraduate
Have you received VA education benefits at another college or univer-	•
If yes, where?	
Are/will you be on Active Duty when enrolled at NWU?	$\Box$ Yes $\Box$ No
If haven't yet applied for eligibility, please do so immediately at: https:// Chapter 35) is required if transferring from another institution where ber to the VA at: 888–442–4551 or www.gibill.va.gov.	
By signing I request enrollment certification for use of Veteran's Edu give NWU permission to provide enrollment, schedule, grades, and o state or federal agencies as required. I acknowledge it is my responsi my eligibility and benefits. <i>It is my responsibility to notify the Nebrask</i> <i>changes to my enrollment. In addition, it is my responsibility to request</i> <i>Official each term that I want to use benefits.</i>	ther needed information to the appropriate VA and/or ibility to apply for eligibility with the VA and be aware of <i>ka Wesleyan School Certifying Official when I make any</i>

Signature of Student

Date

Submit this form along with copy of Certificate of Eligibility (COE) or Statement of Benefits to: Registrar's Office Nebraska Wesleyan University 5000 St Paul Ave Lincoln, NE 68504 FAX: 402-465-2565 EMAIL: registrar@nebrwesleyan.edu

FOR REGISTRAR'S OFFICE USE ONLY:			
MINF:	spreadsheet:		
VA-ONCE:	VA file:		