



Office of the Registrar

VA Enrollment Form

Please type your information. Once you have completed the form, print this document and sign the form. FAX the form to Donna Davis at 806-743-3027.

Full Legal Name _____

Last 4 digits of SSN _____

VA File # _____

Mailing Address: _____

Phone: _____ E-mail: _____

Major: _____

Chapter 30

Chapter 31

New GI Bill

Chapter 35

Chapter 1606

Chapter 1607

Do you wish to be paid for breaks
 Less than 56 days? _____

**Breaks between terms must not exceed 8 weeks (56 days) and the terms before and after the break must not be shorter than the break.

Please complete the applicable semester or term below (List only the number of HSC hours):

Semester	Year	Hours
Summer I		
Summer II		
Fall		
Spring		

By signing below, you agree:

- 1) To notify TTUHSC's VA office if you drop a course, withdraw, change your degree program, major or address(es).
- 2) To contact TTUHSC's VA office after each registration.

Signature _____ Date _____