

TAMU-CC Office of Veterans Affairs

6300 Ocean Drive, Corpus Christi, Texas 78412 361-825-2331 Fax 361-825-2533

VETERAN INTENT TO ENROLL

Name _____

SSN# _____ VA Claim # (Ch 35) _____

Address _____

Number

City, State

Zip

Telephone

Home # _____ Work # _____ Cell # _____

E-mail address _____ DOB _____

VA Educational Benefit:

_____ Chapter 30 - Montgomery GI Bill **Currently Active Duty(Y/N)** _____

_____ Chapter 32- Veteran's Educational Assistance Program (VEAP)

_____ Chapter 35 – Dependents Educational Assistance (DEA)

_____ Chapter 1606 – Montgomery GI Bill – Selected Reserve

_____ Chapter 1607 – Reservists called to Active Duty

Degree Objective: _____ Graduate (Masters) _____ Undergraduate

_____ Graduate (Doctoral) _____ Certification

Major _____ Change of major? _____

Note: A degree plan for current major must be on file. VA Form 22-1995 or 22-5495 must be submitted for a change of program or place of training.

Semester of Intent: Fall _____ (Indicate Year) Number of Hours _____

Spring _____

Maymester _____

Summer I _____

Summer II _____

Note: The VA office must be notified of any changes to the number of hours specified on this form (added/dropped) and the Intent to Enroll form must be submitted each semester prior to certification.

I intend to pursue the specified class load and request certification for the period indicated above.

Signature: _____ Date: _____