
TEXAS WOMAN'S UNIVERSITY

DENTON/DALLAS/HOUSTON

OFFICE OF THE REGISTRAR
PO Box 425559, Denton TX 76204-5559
Phone: (940) 898-3069 Fax: (940) 898-3097

Veterans Intent to Register

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
ID# _____ VA File # _____ Phone #: _____
Degree: _____ Major: _____
Semester: _____ Expected hour load: _____

Please note that your TWU email address is our primary means of communications

Check all that apply:

- Undergraduate Graduate Transfer student
 Veteran Dependent: Child Dependent: Spouse
 GI Bill Benefits Hazlewood Act

If you selected GI Bill benefits, check your chapter qualification:

- Ch 30 Ch 35 Ch 31
 Ch 33 Ch 1606 Ch 1607

If other, list chapter qualification below

If you selected Dependent, provide your parent/spouse's military information:

Veteran's name: _____
Veteran's VA File #: _____

Comments: _____

Signature: _____ Date: _____

Return to Curtis Blair, TWU VA Representative [cblair3@twu.edu]