GI Bill students Intent to Register Form

This form is used to inform the TWU School Certifying Official if the student will or will not be using Veteran benefits. The form also verifies that the student has been advised by an academic advisor. All information is required before the request is submitted. This form does not prevent the student from registering for classes. This form will not protect the student for non- payment during drop dates; only CH 33 (Post 9/11) students are protected from being dropped for non-payment. This form is not an official TWU document to drop classes.

Is this an Initial: ☐ or Adjustment: ☐

Student Information:

Name: _____ **Student ID:** _____ **Term:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

TWU Email: _____

Veteran Benefits information:

Veteran Benefit: _____

If using Hazlewood, are you in default on any loans with Texas Higher Education Board**: Yes** ☐ **No** ☐ **N/A** ☐

Is this your last term before you graduate (Rounding Out) ***Yes*** ☐ ***No*** ☐

I will not be using Veteran benefits for this term.

If you decide not to use benefits for the term you do not need to fill out the academic information and advisor's signature is not required. Additionally if you are using CH 33(Post 9/11) benefits, you will not be protected from a non-payment drop date and payment will need to be applied towards your balance before the drop date or you will be dropped from classes.

Academic Information:

Degree Program: _____ **Degree Major:** _____

Class and #	Short term dates for EMBA student only	Class Title	Repeat?	Grade?	N/A class?

Advisors please Note:

The above named student is using a GI Bill or a Hazlewood Legacy benefits and needs confirmation that the course(s) listed above are/is applicable towards their selected degree and major. These benefits can only be used for degree-applicable courses. Additionally please verify in the shaded box above if any class is a repeat and indicate initial grade, or if a class in not applicable towards the student's degree program. Once completed and signed, please send form to twuva@twu.edu, or fax to 940-898-3053.

Advisor's Name: _____ **Ext:** _____ **Advisor's Signature:** _____

In accordance with the Family Educational Rights and Privacy Act, by signing below you authorize TWU to release any of your educational records needed for the purpose of compliance with VA regulations and for facilitating the certification and receiving of VA educational benefits.

Students Signature: _____

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