

San Jose State University

Enrollment Verification

This form must be filled out completely or your GI Bill certification will not be processed

SJSU ID: _____ NAME: _____ <small>(Last, First)</small> EMAIL: _____ Address: _____ _____ Contact #: _____	Term you are enrolling in: Year: _____ <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate Major: _____ Concentration: _____ <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse/Dependent
--	---

Please NOTE: If you have less than 100% rating from the **GI Bill Educational Benefits**, you will have a balance that must be paid or classes will be dropped.

GI Bill Chapter you are using: <input type="checkbox"/> 30 Montgomery GI Bill <input type="checkbox"/> 31 Vocational Rehabilitation <input type="checkbox"/> 33 Post-9/11 GI Bill ____% <input type="checkbox"/> 35 Dependent Education Assistance <input type="checkbox"/> 1606 Selected Reserve <input type="checkbox"/> 1607 Reserve Education Assistance <input type="checkbox"/> TA Tuition Assistance	BRANCH OF SERVICE: <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY
--	--

Course #	Course Title	Units	Session Dates MM/DD/YY - MM/DD/YY	*Zip Code
On Campus Units: _____ Online Units: _____ Total Units: _____ Offsite Units/Hours: _____		* You are required to enter the zip code of each course enrollment / internship / or practicum hours that you are attending this term		

I hereby certify that the information provided is true, correct, and complete. I acknowledge that any adjustments made to my class schedule after the submission of this form, I must notify the Veterans Resource Center.



Signature _____ Date: _____

Veterans Resource Center
 San Jose State University
 Student Union, Room 1500
 408-924-8129