



Office of the Registrar
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GRADUATE SCHOOL USA VETERAN ENROLLMENT FORM

Please read before completing form.

Complete this Graduate School USA Veteran Enrollment Form and submit it along with a copy of your DD 214 and Certificate of Eligibility to the Office of the Registrar, 600 Maryland Avenue SW, Suite 330, Washington, DC 20024 or registrar@graduateschool.edu. These documents are required and must accompany the VA Enrollment Certification form. The Graduate School USA Veteran Enrollment Form must be completed for all programs and courses in which you are enrolling in at the School at least sixty days before the course or program begins.

Please Print

Veteran Enrollment Form

Date: _____ Social Security #: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Name:

(Last Name, First Name, Middle Initial)

Current Address:

Street/P.O. Box City State Zip Code

Active Duty ___ Yes ___ No

If yes, are you currently receiving Tuition Assistance (TA) for your education? ___ Yes ___ No

If yes, attach a copy of your TA paperwork

____ Veteran Discharged from active duty _____ Reserve or National Guard _____ Vocational Rehabilitation

____ Spouse or dependent of veteran _____ Visiting Student

I am requesting enrollment in: Program Name: _____

I am requesting enrollment in these courses:

Course Title	Course #	Start Date	Hours
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How will completion of this program or courses advance your career?

Name of Program: _____ Advance Payment Requested: ___ Yes ___ No

Course Title: _____ Course #: _____

Course Start Date: _____ Course Tuition: _____

Course Title: _____ Course #: _____

Course Start Date: _____ Course Tuition: _____

Course Title: _____ Course #: _____

Course Start Date: _____ Course Tuition: _____

My signature below authorizes Graduate School USE to notify the Department of Veterans Affairs (VA) of any changes in my Graduate School USA status. I will notify the Graduate School USE certifying official of any changes in my enrollment. I acknowledge that I must provide my Social Security number (SSN) to certify my enrollment at the School. Students that withdraw are responsible for repaying tuition and fees to the VA. Failure to report any changes may result in an overpayment and discontinuance of your VA benefits. I will allow Graduate School USA to discuss my VA paperwork with other schools or the Department of Veterans Affairs if necessary. The ultimate responsibility for the payment of tuition and fees is YOUR responsibility. You will not be allowed to register for or attend any further courses until all your financial obligations to Graduate School USA are current.

Signature: _____ Date: _____

Disclaimer: The Veterans Administration determines your eligibility for veterans' benefits. For additional information regarding VA education benefits, students may visit the VA's web site at www.gibill.va.gov or call (888) 442-4551 or (800) 827-1000.