

ALBERTUS MAGNUS COLLEGE  
Office of the Registrar



VETERANS INTENT TO REGISTER FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Apt No./Ste City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Undergraduate  Graduate Program: \_\_\_\_\_

**Please check all that apply:**  Veteran  Dependent Child  Dependent Spouse

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

- Chapter 30 Montgomery  Chapter 35 Dependent  
 Chapter 31 Vocational Rehabilitation  Chapter 33 Post-9/11  
 Chapter 1606 Reserve  Chapter 1607 Active Reserve

As indicated on the attached Certificate of Eligibility from the Department of Veterans Affairs  
I am entitled to receive \_\_\_\_\_% of benefits per academic year through the Department of Veterans Affairs.

I am interested in applying for the Yellow Ribbon Program

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

Veteran's name: \_\_\_\_\_

Veteran's VA File # \_\_\_\_\_

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I have read and agreed to the **Policy and Procedures of Albertus Magnus College**. I understand and accept all the above items with regard to my veteran educational benefits. In addition, I understand that any change(s) to my schedule from what is being submitted on this form may affect when I am certified as well as the dates and/or hours certified for. I further understand that I am responsible for knowing and understanding all the requirements for receiving veteran educational benefits whether listed here or not, and that I will be responsible for any overpayments due the Department of Veteran Affairs

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Enrollment certified via VA Once Date: \_\_\_\_\_

Certifying Official Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_