



NSU MILITARY / VETERAN INFORMATION SHEET

NSU Veterans Services
1200 S. Jay St., Dacotah Hall 103
Aberdeen, SD 57401
(605) 626-2545

Name _____ Student ID # _____

SSN _____ Phone # _____

Permanent Address _____

Email Address _____ Branch of Service _____

(Primary correspondence will be sent to NSU student email account) Check your NSU email often.

Major (BA, BS, etc.) _____ Minor _____ Ant. Graduation (MM/YY) _____

Status (Check all that apply) Veteran Active Duty Guard/Reserve Dependent/Spouse

Are you a SD resident? (Y/N) _____

Education Benefits Program (if known)

___ Chapter 33, (Post 9/11, Fry, Transfer of Entitlement)

___ Chapter 1606, (MGIB-SR) Guard or Reserve: _____

___ Chapter 1607, (REAP) Guard or Reserve: _____

___ Chapter 35, (DEA) Dependents/Spouse of Disabled/Deceased Veterans

___ Chapter 31, (VocRehab) → Contact your counselor. They must submit VA FORM 28-1905

Have you used GI Bill benefits before? (Y/N) _____

MILITARY TUITION REDUCTION PROGRAMS

SDNG Soldiers / Airmen ONLY: Have you applied for State TA? (Y/N) _____ If no, contact your unit or apply on the SDNG website.

ALL current service members: Do you use Federal Tuition Assistance (FTA) through GoArmyEd? (Y/N) _____

List any other Tuition Assistance programs or Scholarships you anticipate receiving: _____

Enrollment at Northern State University

Input expected number of credits per semester. Enter "0" or "NO" if you don't want to use benefits for a semester.

Summer 2019 Expected Credits: _____

Fall 2019 Expected Credits: _____

Spring 2020 Expected Credits: _____

Will you take classes at other schools*? _____ *If yes, you must notify our office each term!

This Info Sheet gives NSU permission to certify your enrollment.

I hereby acknowledge that I must notify Veterans Services of all courses I take that do not satisfy a requirement in my degree program. VA will not pay for these classes (extra electives, repeating a passed course, etc.). If I drop, add, or withdraw from a class I must inform Veterans Services to avoid overpayments or non-payments. Any debts that are created are my responsibility to repay. All benefits, other than Tuition & Fees, will be paid directly to me. Reminder: CH1606, 1607, and 30 must verify their enrollment on WAVE every month. I have read and understand the above information and have received a copy of the Student Counseling Form:

Signature _____ Date _____