



Veterans Information Sheet

OFFICE OF THE REGISTRAR • ACU BOX 29141 • ABILENE, TEXAS 79699-9141
325-674-2236 • 877-595-7451 • 325-674-2238

Complete every applicable blank of this form and return it to the VA Coordinator, ACU Box 29141, Abilene, Texas 79699-9141.
This form must be completed each semester that you use VA benefits.

Today's date _____

A. Name _____
LAST FIRST MIDDLE MAIDEN

Social Security No. _____ VA File No. _____

Local phone _____ Cell phone _____

Local mailing address _____

City _____ State _____ ZIP _____ Email _____

B. Are you:

Prior Service? Yes No Currently active duty? Yes No ETS Date _____

National Guard or Reserves? Yes No Branch _____ Rank _____

Veteran's dependent? Yes No Do you have any dependents? Yes No How many? _____

C. Check one: Ch 30 Ch 32 Ch 34 Ch 35 Ch 106 (1606) 1607 Ch 31 Ch 33

D. Degree sought:

1. Undergraduate: BA BAS BBA BFA BM BS BSN

Other _____

Major _____ Advisor's name _____

2. Graduate: MA MAcc MACM MAMI MEd MLA MMFT MS MSN DMin

Other _____

Major _____ Advisor's name _____

E. If you are transferring credit hours to ACU, state the name(s) of the other school(s) and number of hours completed (if more space is required please write on the back):

School _____ Credit hours _____

Did you use VA educational benefits at another school? Yes No

F. Are you concurrently enrolled at another school? Yes No

If so, which one? Hardin-Simmons University McMurry University Cisco Junior College

Other _____

G. Expected ACU graduation date _____

H. Check the semester and complete the year in which you will be enrolled and plan to use VA benefits:

Fall 20____ Spring 20____ Summer (Maymester, Summer I, Summer II) 20____

You must notify the VA Coordinator's office if you change your schedule; 12 hours undergraduate and 9 hours graduate is considered full time in fall and spring.