

NMSU Military and Veterans Programs: Information Sheet

Name: _____

SSN: _____

VA File Number: _____

NMSU ID: _____

Birthdate: _____

Chapter: _____

Degree/ Major: _____ Are you or your spouse on military active duty ? _____

Expected graduation Year: _____ Semester: _____ Are you receiving a transfer of entitlement for Ch. 33? _____

Are you receiving **active duty tuition assistance**? _____

Contact information

Street: _____

City and State: _____ Zip: _____

NMSU Email: _____@nmsu.edu Daytime Phone: _____

Individual statement of responsibility:

As a recipient of Veteran Affairs education benefits, I understand that I must make satisfactory progress toward a stated education objective (satisfactory progress involves systematic advancement towards the degree objective based upon the number of credit hours attempted and completed per semester). I further understand that fraudulent receipt of Veteran Affairs education benefits and non-attendance in a certified course will result in immediate termination and possible criminal charges by the U.S. Government, and in certain instances the withholding of grades, diplomas and transcripts by New Mexico State University. I have read the above information and all the data provided is true and correct to the best of my knowledge.

Signed by: _____

Date: _____

Print name: _____

! * \$ facilitator: _____

Submit this document:

In person: Corbett Center Student Union, Room 244

By email: mvp@nmsu.edu

By fax: 575-646-1113