

GI/VETERANS INFORMATION FORM

Students seeking benefits using their Montgomery GI Bill (MGIB) must complete the information below for each session of attendance. The Enrollment Certification (Form 22-1999) will be processed upon verification of enrollment.

Address City/ST/ZIP		AUID/SSN					
				New StudentYesNo		Chapter Benefit #	
				Session Attending: Fall	Winter	Spring	_Summer Year
Indicate the degree plan you are pursuing:							
	ublic Accounting Track (66) anagement Accounting Track punting (67) ip (64) ss (31) i2)	(68)	() BS Applied Studies (34) () BS Human Relations and Business (35) () Undecided (19) () Non-degree seeking (99)				
Graduate () MA Marriage & Family Th () MA Professional Counsel () MA School Counseling (6 () MA Professional Develop () Undecided (19) () Non-degree seeking (99)	1) () MBA Gen ment (17) () MBA Man () MBA Proj () MBA Stra	counting (57) epreneurship (65) eral Business (42) lagement (43) ect Management (39) tegic Leadership (44) prise Analytics	() MS Family Studies (45) () MS Family Studies with a specialization in Christian Counseling (55) () MS Human Relations & Business (11) () MS Human Resource Management (50) () MS Human Resource Training & Dev (46) () MS Managerial Science (47) () MS Agile Project Management (49)				
ADDITIONAL DEGREE CHOICES FOR FORMER AMBERTON STUDENTS ONLY: A student who selects one of the following "discontinued/replaced" degrees must (1) have been in attendance and enrolled for the degree prior to the Fall 2022 session and, (2) must complete all degree requirements by the dates specified below for each degree. If all degree requirements cannot be completed by the given date, the student must select a degree from the list above.							
() BBA Accounting (37) () BBA Management Accounting (37) () MBA International Busine	unting (63) [program con	npleted prior by Aug npleted prior by Aug npleted prior by Aug	gust 31, 2024]				
Undergraduates:	3 hours = ¼ time 6 hours = ¾ time 9+ hours = full time	Graduates:	3 hours = 1/2 time 6+ hours = full time				
abiding by VA regulations in cases	s of overpayment. I auth	orize Amberton Ur	d by VA benefit disbursements and for knowing and niversity to release my academic records, including orting and facilitation of payments.				

Date ____

Signature _____