



GI/VETERANS INFORMATION FORM

Students seeking to use their Veterans education benefits must complete the information below for each session of attendance. The Enrollment Certification (Form 22-1999) will be processed upon verification of enrollment.

Please email this completed form to: StudentServices@amberton.edu

Name _____ AUID/SSN _____ - _____ - _____
Address _____ Home # _____
City/ST/ZIP _____ Work # _____
New Student ☐ Yes ☐ No Chapter Benefit # _____

Session Attending: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year _____

Indicate the degree plan you are pursuing:

University Catalog: ☐ 2022-2023 Catalog ☐ 2024-2025 Catalog ☐ 2025-2026 Catalog

Undergraduate Degree Plans:

- | | |
|--|--|
| <input type="checkbox"/> BA Professional Development | <input type="checkbox"/> BBA Project Management |
| <input type="checkbox"/> BBA Accounting | <input type="checkbox"/> BS Applied Studies |
| <input type="checkbox"/> Dual BBA/MBA Accounting | <input type="checkbox"/> BS Human Relations & Business |
| <input type="checkbox"/> BBA Entrepreneurship | <input type="checkbox"/> Undecided (19) |
| <input type="checkbox"/> BBA General Business | <input type="checkbox"/> Non-Degree Seeking (99) |
| <input type="checkbox"/> BBA Management | |

Graduate Degree Plans:

- | | |
|---|--|
| <input type="checkbox"/> MA Clinical Mental Health Counseling | <input type="checkbox"/> MS Agile Project Management |
| <input type="checkbox"/> MA Marriage & Family Therapy | <input type="checkbox"/> MS Applied Artificial Intelligence (AI) |
| <input type="checkbox"/> MA Professional Development | <input type="checkbox"/> MS Data Analytics |
| <input type="checkbox"/> MA School Counseling | <input type="checkbox"/> MS Family Studies |
| <input type="checkbox"/> MBA Accounting | <input type="checkbox"/> MS Family Studies w/Spec. in Christian Counseling |
| <input type="checkbox"/> MBA Entrepreneurship | <input type="checkbox"/> MS Human Relations & Business |
| <input type="checkbox"/> MBA Finance | <input type="checkbox"/> MS Human Resource Management |
| <input type="checkbox"/> MBA General Business | <input type="checkbox"/> MS Organizational Leadership |
| <input type="checkbox"/> MBA Management | <input type="checkbox"/> MS Training & Development |
| <input type="checkbox"/> MBA Project Management | <input type="checkbox"/> Undecided (19) |
| <input type="checkbox"/> MBA Strategic Leadership | <input type="checkbox"/> Non-Degree Seeking (99) |
| <input type="checkbox"/> Master of Healthcare Administration | |

I understand that I am responsible for payment of tuition and fees not covered by VA benefit disbursements and for knowing and abiding by VA regulations in cases of overpayment. I authorize Amberton University to release my academic records, including grades, to the Department of Veterans Affairs as deemed appropriate for reporting and facilitation of payments. I authorize the University to contact me via email, telephone and/or mailed correspondence as it relates to University information.

Signature _____ Date _____