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.

STUDENT INFORMATION

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:

Catalog

- ☐ **2025 – 2026 University Catalog**
- ☐ **2026 – 2027 University Catalog**

Undergraduate

- ☐ BA Professional Development
- ☐ BBA Accounting – Public Accounting Track
- ☐ BBA Accounting – Management Accounting Track
- ☐ Dual BBA/MBA Accounting
- ☐ BBA Entrepreneurship
- ☐ BBA General Business
- ☐ BBA Management
- ☐ BBA Project Management
- ☐ BS Applied Studies
- ☐ BS Human Relations and Business
- ☐ Undecided (19)
- ☐ Non-degree seeking (99)

Graduate

- ☐ MA Clinical Mental Health Counseling (Formerly Professional Counseling)
- ☐ MA Marriage and Family Therapy
- ☐ MA School Counseling
- ☐ MA Professional Development
- ☐ Undecided (19)
- ☐ Non-degree seeking (99)
- ☐ MBA Accounting
- ☐ MBA Entrepreneurship
- ☐ MBA Finance
- ☐ MBA General Business
- ☐ MBA Management
- ☐ MBA Project Management
- ☐ MBA Strategic Leadership
- ☐ MS Agile Project Management
- ☐ MS Data Analytics
- ☐ MS Training & Development
- ☐ MS Family Studies
- ☐ MS Family Studies with a specialization in Christian Counseling
- ☐ MHA Healthcare Administration
- ☐ MS Human Relations & Business
- ☐ MS Human Resource Management
- ☐ MS Human Resource Training & Dev
- ☐ MS Managerial Science
- ☐ MS Applied Artificial Intelligence

Doctoral

- ☐ Ed.D Counseling

Undergraduates: 3 hours = ¼ time
6 hours = ¾ time
9+ hours = full time

Graduates: 3 hours = 1/2 time
6+ hours = full time

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** _____