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# TEXAS WOMAN'S UNIVERSITY

DENTON/DALLAS/HOUSTON

OFFICE OF THE REGISTRAR  
PO Box 425559, Denton TX 76204-5559  
Phone: (940) 898-3036 Fax: (940) 898-3097

## Veterans Intent to Register

Name: \_\_\_\_\_

Address: _____	City _____	State _____	Zip _____
ID# _____	VA File # _____	Phone #: _____	
Degree: _____	Major: _____		
Semester: _____	Expected hour load: _____		

Check all that apply:

- Undergraduate       Graduate       Transfer student  
 Veteran       Dependant  
 GI Bill Benefits       Hazlewood Act

If you selected GI Bill benefits, check your chapter qualification:

- Ch 30       Ch 35       Ch 31  
 Ch 33       Ch 1606       Ch 1607

If other, list chapter qualification below

\_\_\_\_\_

\_\_\_\_\_

If you selected Dependant, provide your parent's military information:

Parent's name: \_\_\_\_\_  
Parent's VA File #: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_