
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 Dependent
 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 Dependent, provide your parent/spouse's military information:

Veteran's name: _____
Veteran's VA File #: _____

Comments: _____

Signature: _____ Date: _____