



# DOANE UNIVERSITY

## Doane VA Student Enrollment Notification

Please print legibly | Return this form to the Director of Veteran/Military Student Services along with your Certificate of Eligibility

Last Name		First Name	
Phone Number		Full SSN	
Street Address		City, State	Zip Code
E-mail Address		Birth date	
Please select one: <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> Non-Degree (pre-requisites or transfer credit)			
Academic Program / Major:			
Main Campus Location: <input type="checkbox"/> Lincoln <input type="checkbox"/> Omaha <input type="checkbox"/> Crete <input type="checkbox"/> Online			
Which VA benefit do you plan to use? (select one)		NOTE:	
<input type="checkbox"/> Post 9/11 (Chapter 33) <input type="checkbox"/> Montgomery – Active Duty (Chapter 30) <input type="checkbox"/> Montgomery – Selected Reserves (Chapter 1606) <input type="checkbox"/> Dependents and Survivors Educational Assistance (Chapter 35) <input type="checkbox"/> Veterans Readiness & Employment (Chapter 31) <input type="checkbox"/> I <b>do not</b> plan to use VA benefits at Doane University		Please submit a copy of your Certificate of Eligibility (COE) to <a href="mailto:veterans@doane.edu">veterans@doane.edu</a>  <b>Exception:</b> If you are using CH 31 benefits, please have your VR&E counselor submit authorization form.	
Is this a Transfer of Entitlement (TOE): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously used VA education benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		How long ago? _____	
<b>Military Tuition Assistance:</b>			
Will you receive Federal Tuition Assistance (FTA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		ROTC applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you receive State Tuition Assistance (STA)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Important:</b> If you receive tuition assistance, you are required to submit your tuition assistance forms every term when you register for classes. Please initial here to acknowledge that requirement:			
Check all that apply: <input type="checkbox"/> I am Retired/ Separated <input type="checkbox"/> I am a Spouse <input type="checkbox"/> I am Active Duty <input type="checkbox"/> I am a Dependent <input type="checkbox"/> I am a Reservist <input type="checkbox"/> I am National Guard		Service Branch Please select all that apply: <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Army	
What month /year do you anticipate starting classes?			
Student Signature		Date	

Please submit form to [veterans@doane.edu](mailto:veterans@doane.edu)