

NMSU Military and Veterans Programs: Information Sheet

Semester: _____

Year: _____

Name: _____ SSN: _____

VA File Number: _____ NMSU ID: _____

Birthdate: _____ Chapter: _____

Degree/ Major: _____

Expected graduation Year: _____ Semester: _____

Are you receiving **active duty tuition assistance**? _____

Contact information

Street: _____

City: _____

State: _____

Zip: _____

NMSU Email: _____@nmsu.edu Daytime Phone: _____

Individual statement of responsibility:

As a recipient of Veteran Affairs education benefits, I understand that I must make satisfactory progress toward a stated education objective (satisfactory progress involves systematic advancement towards the degree objective based upon the number of credit hours attempted and completed per semester). I further understand that fraudulent receipt of Veteran Affairs education benefits and non-attendance in a certified course will result in immediate termination and possible criminal charges by the U.S. Government, and in certain instances the withholding of grades, diplomas and transcripts by New Mexico State University. I have read the above information and all the data provided is true and correct to the best of my knowledge.

Signed by: _____

Date: _____

Print name: _____

! * \$ facilitator: _____

Submit this document:

In person: Corbett Center Student Union, Room 244

By email: mvp@nmsu.edu

By fax: 575-646-1113