**Please physically drop off, email, or fax this form to the Registrar’s Office.**

**Benefits will be processed after the Add/Drop period is completed during the second week of classes.**

**Failure to submit this form will result in the delay of receipt of benefits.**

**VA benefits will not be requested on your behalf until this form is submitted, and the semester has begun.**

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip Code

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security # (Last 4 digits ONLY): \_\_\*\*\* - \*\* -\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF BENEFITS**

**\_\_\_** Chapter 30

\_\_\_ Chapter 31

\_\_\_ Chapter 33

\_\_\_ Chapter 35 VA File #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Dependents only—must complete)

\_\_\_ 1606

**SEMESTER ENROLLMENT**

\_\_\_ Summer 2025: Number of credits enrolled: \_\_\_\_ (Indicate if class is on-line or on campus.)

\_\_\_ Fall 2025: Number of credits enrolled: \_\_\_\_

\_\_\_ Study Abroad

**\_\_\_** Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you repeating or auditing any classes during the Spring 2025 semester? \_\_\_ Yes \_\_\_ No

If yes, indicate which course(s) are audit or repeat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL APPLICANTS – Must read and sign below**

I certify that the information on this form is correct to the best of my knowledge and that I will be enrolled at Saint Anselm College as indicated above. In the event that I withdraw or change credit loads, I agree to report the change directly to the Saint Anselm College Registrar’s Office.

I have read, understand, and agree to the above.

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

(actual signature required)