



Military Student Intake Form

Name: _____ Date of Birth: _____

Social Security Number: _____ Veteran Service Member Dependent

Phone: _____

Email: _____

Address: _____

City: _____ FL ZIP: _____

Branch of Service: _____ Status: ACTIVE DISCHARGED
(Please note that of the Veteran if you are a spouse or child)

VA Benefit - Chapter: _____ If National Guard, EDD? YES NO

School Program: _____

Anticipated Start Date: _____

Will you be attending night classes, *if applicable*? YES NO

For official use only

	Requested	Received	N/A
Intake Form	_____	_____	_____
Guide	_____	_____	_____
Certificate of Eligibility	_____	_____	_____
DD214, if applicable	_____	_____	_____
IHL Form	_____	_____	_____
Military Transcripts	_____	_____	_____
College Transcripts, if applicable	_____	_____	_____
Program Application	_____	_____	_____

Initial Certification entered _____