REGISTRATION FORM 2023-24

VINCENNES UNIVERSITY INDIANA MILITARY EDUCATION PROGRAM

Location DFAS-IN			Student ID						
Semester/Year									
Term Dates			-						
			NOTE: Some of the requested information is needed for Federal Reports						
SSN				Username:					
Legal Name		Last	First		Middle		Maiden		
Address					Middle				
•		Street	•						
		Business Phone							
Email Address	Preferred Emai								
	Freieneu Emai	I							
Birth Date	Alternate Email	ernate Email Single		Married		Male Female		•	
Ethnicity		•	Educat	Educational Goal:			Complete 24 hours of Accounting only		
						Accounting Certificate of Graduation (CG)			
Citizeriship	U.S.	Other _			Accour	nting Assoc	iate Degree	(AS)	
Course	Number		Title	Hrs	Day	Time	Bldg/Rm	Instructor	
					+				
			Total Hours		<u> </u>				
				_					
Payme	ent Method	I VA		FTA	٦	Γuition			
Check Chapter			33 (Post 9/11)	33 (Post 9/11) SF-182					
			31 (Voc Rehab)	31 (Voc Rehab) Check		ees	N.	/A	
			30 (Montgomery	y) CC					
Other Ch.				Fin. Aid Total Du		Total Due			
TH	HIS IS AN	IMPORTAN	T DOCUMENT.	PLEASE I	KEEP FOR	YOUR F	RECORDS	3	
THIS IS AN IMPORTANT DOCUMENT, PLEASE KEEP FOR YOUR RECORDS I understand that this registration form is considered a legal document and will become part of my permanent college record. I understand upon									
registering for the courses above, I assume full responsibility for completing each course in which I have registered. If a course withdrawal is necessary, I understand that I may do so without financial or transcript penalty by notifying a Vincennes representative before the drop date published for each term. For students using Tuition Assistance, receipt of an unsatisfactory grade or voluntarily withdrawal after the drop period may									
result in recoupment		ms using Tullion /	Assistance, receipt of an	unsausiaciory	grade or volur	italiiy WithOf	awai ailer ine	чтор репод тау	
_									
Date		. St	udent Signature						