

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 Street City State Zip Code

Cell Phone Business Phone

Email Address Preferred Email

Alternate Email

Birth Date Single Married Male Female

Ethnicity Educational Goal: Complete 24 hours of Accounting only
Accounting Certificate of Graduation (CG)
Accounting Associate Degree (AS)
Citizenship U.S. Other

Table with 8 columns: Course, Number, Title, Hrs, Day, Time, Bldg/Rm, Instructor. Includes a Total Hours row.

Payment Method VA FTA Tuition
Check Chapter 33 (Post 9/11) SF-182
31 (Voc Rehab) Check Fees N/A
30 (Montgomery) CC
Other Ch. Fin. Aid Total Due

THIS IS AN IMPORTANT DOCUMENT, PLEASE KEEP FOR YOUR RECORDS

I understand this registration form is considered a legal document and will become part of my permanent college record.
I agree that if I withdraw from school, the withdrawal will not be approved until all my financial obligations are cleared and the refund policy of Vincennes University as stated in the catalog will apply.
I understand upon registering for the courses above, I assume full responsibility for completing each course in which I have registered.

Date Student Signature