

DANTES Distance Learning Enrollment Form for Service Members

SECTION I: APPLICANT INFORMATION

SECTION III: SCHOOL

1. Name: (Last, First, M.I.) _____

2. SSN: _____ **3. DOB:** (MM/DD/YY) _____

4. If Active Duty, but NOT AGR or TAR: (choose one)
 Army Navy Air Force
 Marine Corps Coast Guard Not Applicable

5. If AGR (Active Guard Reserve) or TAR: (choose one)
 Army Navy Air Force
 Marine Corps Coast Guard Not Applicable

6. If Reserve Component: (but not Active, AGR, or TAR)
 Army National Guard Air National Guard
 Army Navy Air Force
 Marine Corps Coast Guard Not Applicable

7. Estimated Date of Separation: (MM/DD/YY) _____

8. Military ID Card Color: Red Green

9. Military Pay Grade: E- W- O-

10. Highest education completed: (circle number of years)
 9 10 11 12 13 14 15 16 17 18

11. The level of this course is: (choose one)
 High School Associate (Fr-So)
 Baccalaureate (Jr-Sr) Graduate
 Undergraduate prerequisite for a Graduate program
 Vocational Certificate or DETC Degree

1. School: _____

2. City in which school is located: _____ **State, Zip Code:** _____

SECTION IV: REGISTRATION & PAYMENT

1. Title and Course Number: (e.g., Chemistry - Chem 101) _____

2. Specify the number of semester *or* quarter hours for this course: s.h. = _____ q.h. = _____

3. Tuition: \$ _____

4. Book costs/Special fees: \$ _____ (Not covered by TA)

6. Total cost: (tuition, books, and fees) \$ _____

SECTION V: CERTIFICATION

Information must be entered correctly. Erroneous or incomplete information will cause delay or denial of TA.

Student: I certify that: (check Yes or No in items a - g)

a. Yes No I am eligible for tuition assistance (TA).
 b. Yes No I expect TA to be reimbursed by DANTES.
 c. Yes No I expect TA to be reimbursed by my Service.
 d. Yes No I expect up-front TA from DANTES. (ARNG only—authorization attached)
 e. Yes No I expect up-front TA from my Service.
 f. Yes No I am using my GI Bill (VA) benefits.
 g. Yes No I am applying for Pell Grant funds.

My current military status (Active, Guard, Reserve) will not change until after I complete this course.

Signature: _____ **Date:** _____

SECTION II: ADDRESSES

1. Upon course completion, reimbursement will be by Direct Deposit. Student must send completed Direct Deposit Form to DANTES, Code 20J, 6490 Saufley Field Road, Pensacola, FL 32509-5243. Samples may be found in DANTES Distance Learning catalogs.

Student mailing address and phone number:

_____ Zip Code _____ - _____

Phone: DSN CML () _____ - _____

2. Ship to address (for course materials if different from Block 1):

_____ Zip Code _____ - _____

3. Ed Center/Reserve Unit name and address:

_____ Zip Code _____ - _____

Phone: DSN CML () _____ - _____

Official: I certify that: (check Yes or No in items a - c)

a. Yes No I am the Education Officer, Education Services Specialist, or Guidance Counselor authorized to certify the student's eligibility for tuition assistance. The student has been counseled.
 b. Yes No I am the student's commander. There is no servicing Education Center or Navy Campus office at our location. The student is eligible for tuition assistance. The student has been counseled.
 c. Yes No I certify that the answers given to the questions in the Student Certification block above are correct.

Signature: _____ **Date:** _____

Phone: DSN CML () _____ - _____

DANTES ID Number: