



Southern States University

Veteran Student Intake Sheet

Last Name: _____

First Name: _____

Middle: _____ Suffix: _____

Mailing Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt: _____

Email: _____

Service: Branch _____ Start Date _____ End Date _____

Svc. Nbr. _____ Dependent: _____ Chapter: _____

Mil. Exp. _____ Civilian Transcripts: _____

Program: _____ Bachelor BA Accepted: _____

_____ Master BA Input Date: _____ By: _____

Notes: _____