

# VA Advisement Form

This form must be completed before each enrollment period (fall, spring, summer).

Name: \_\_\_\_\_ SSN (Last 4): \_\_\_\_\_ Student ID: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Term: \_\_\_\_\_ Year: \_\_\_\_\_ Major: \_\_\_\_\_

*Please Select One of the Chapters listed below:*

CH 1606 (NG/Reservist)  CH 1607 (REAP)  CH 30  CH31 (Voc. Rehab.)  CH 33 (Post 9/11)

CH 35 (Dependents)  \*\*VA File Number

Tuition Assistance Top-Up

Required: \_\_\_\_\_

(CH 30 and CH 33 Only)

*Please Mark Yes or No:*

Veteran: Yes  No  Currently Active Duty: Yes  No  VA Spouse: Yes  No  VA Child: Yes  No

*Please Select the Military Branch:*

Army  Air Force  Coast Guard  Marine Corps  Navy

### Things to remember:

1. To qualify for FULL benefits, you must be a FULL-TIME student at EVERY point in the semester.
2. If you've changed your major, you have to complete a form before you can be certified.
3. If you owe a balance, your enrollment cannot be certified until it is paid-in-full.
4. CH 33 and CH 31 Students: If you receive any tuition-specific financial aid, it will impact your benefits.
5. The VA will only pay for classes that apply to your degree requirements.

I've read and understand the above statements. I also understand that all communication will be done via my USM EMAIL ACCOUNT and I must notify the VA certifying official of any changes to my enrollment after I have submitted this form.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**The information below must be completed by your Advisor or your department representative. \*\*CH33 students enrolled in Internships/Externships/Co-Ops/Practicum/Student Teaching/Study Abroad, should list the zip code of location next to the corresponding class listed below and provide a copy of your placement\*\* (see example)**

Course Subject	Course Number	Course Description	Zip Code	Required* (Yes or No)	Number of Hours
ENG	101	Composition One	39560	Yes	3

I verify that the courses listed above for the current enrollment period apply toward the student's degree requirements.

\_\_\_\_\_  
Signature of Advisor or Department Head

\_\_\_\_\_  
Date

*\*Courses can be REQUIRED ELECTIVES*