

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. (see example)

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