

VA Advisement Form

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

Name: _____ SSN: _____ Student ID: _____
 Telephone #: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Term: _____ Year: _____ Major: _____

Please Circle One of the Chapters listed below:

CH 1606 (National Guard/Reservist) **CH 1607** (REAP) **CH 30** **CH31** (Voc. Rehab.)
CH 33 (Post 9/11) **CH 35** (Dependents) **VA File Number Required: _____

Please Circle Yes or No:

Active Duty: Yes or No **VA Spouse:** Yes or No **VA Dependent:** Yes or No

Please Circle 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 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