UNIVERSITY OF SOUTH CAROLINA PALMETTO COLLEGE

Financial Aid Offices
Lancaster, Salkehatchie, Sumter, Union

VETERAN ENROLLMENT CERTIFICATION REQUEST

NAME: _____ SSN: _____

ACADEMIC YEAR: _____ - _____ VA FILE #: _____

ADDRESS: _____ PHONE: _____

_____ E-Mail: _____

DEGREE: _____ MAJOR/INTEREST: _____

BENEFIT ELIGIBILITY (indicate the program for which you are eligible)

- ❑ **Chapter 33** Post 9/11 GI Bill
- ❑ **Transferred Ch. 33** Post 9/11 GI Bill Transferred to Dependent **(Certificate of Eligibility Required)**
- ❑ **Chapter 30** Montgomery GI Bill — Current/Former Active Duty **(DD-214 Required)**
- ❑ **Chapter 1606** Montgomery GI Bill — Selected Reserve **(NOBE Required)**
- ❑ **Chapter 1607** Reserve Educational Assistance Program –REAP **(NOBE Required)**
- ❑ **Chapter 35** Dependants' Educational Assistance **(Certificate of Eligibility Required)**
- ❑ **Chapter 31** Vocational Rehabilitation Program **(28-1905, signed by case worker, Required)**

Is this a change of Major? ❑ **YES** ❑ **NO** **(VA form 22-1995 or 22-5495, except for Ch. 33)**
Are you a transient student? ❑ **YES** ❑ **NO** **"Home" institution:** _____

ENROLLMENT STATUS

Indicate the total terms you will enroll, start and end month, and the **semester credit hours** you plan to enroll:

TERM NAME (see list below)	START MONTH	END MONTH	# CREDIT HOURS*

*Note: For Ch 33, you must be enrolled in at least 7 credit hours to qualify to receive a Monthly Housing Allowance.

List of terms:

FALL TERM (16 wks)	August-December	**FALL 1 (8 wks)**	August-October	**FALL 2 (8 wks)**	October-December
SPRING TERM (16 wks)	January- May	**SPRING 1 (8 weeks)**	January-March	**SPRING 2 (8 wks)**	March-May
Maymester (2 1/2 wks)	May	**SUMMER 1 (4 wks)**	May-June	**SUMMER 2 (4 wks)**	July-August

All courses to be certified must be required for the major indicated above.
SPECIAL APPROVAL is required if any of the above courses are correspondence, independent study, open circuit ETV, practicum or internship. Contact the VA coordinator for further information.

PLEASE READ AND SIGN ACKNOWLEDGEMENT AND UNDERSTANDING OF THE FOLLOWING STATEMENT: The information I have provided on this form is true. I understand that it is my responsibility to notify the Veteran's Affairs Office of any changes in my degree program or projected semester/term hours (including drops, withdrawals, and petition for grade changes). I also understand that if I withdraw or fail a course due to excessive absences or non-attendance in class, I may be required to repay any money received (from the VA for the courses failed or withdrawn).

_____ _____

Student Signature Date

VETERAN ENROLLMENT ADVISMENT CONFIRMATION

You must have your advisor complete this form to confirm that the courses you have signed up to take are required for the degree program and major you are seeking.

STUDENT'S NAME:_____ VIP ID: _____

DEGREE PROGRAM: _____ MAJOR/INTEREST: _____

COURSE NAME	SUBJECT CODE	COURSE NUMBER	CREDIT HOURS	TERM	REQUIRED? (Y/N)

ADVISOR'S COMMENT: _____

_____

_____

By signing below, I confirm that the courses above are the courses I have advised this student to take this term, and –where indicated- these courses meet an academic requirement for this degree.

_____ _____
Advisor's Name Title

_____ _____
Advisor's Signature Date

By signing below, I confirm that I have met with my advisor and these are the courses I will be enrolled in for the term indicated. I will notify the Veterans Affairs Office of any changes in the courses I take.

_____ _____
Student's Signature Date