

# 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