



OFFICE OF THE REGISTRAR
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SOUTH CAROLINA STATE UNIVERSITY
VETERANS AFFAIRS ENROLLMENT CERTIFICATION REQUEST

NAME _____ SEMESTER/TERM _____

STUDENT ID# _____ SOCIAL SECURITY# _____ VA FILE NUMBER _____
 (If different from social security #)

DAYTIME PHONE _____ E-MAIL ADDRESS _____

ADDRESS _____
 STR/RTE _____ APT/BLDG _____ CITY _____ STATE _____ ZIP _____

DEGREE AND MAJOR CURRENT SEEKING (EX: BA. Music) _____

CHECK THE BENEFIT YOU ARE ELIGIBLE TO RECEIVE

- | | |
|---|---|
| <input type="checkbox"/> Chapter 30 – Montgomery GI Bill | <input type="checkbox"/> Chapter 1606 – (Army Reserve/National Guard) |
| <input type="checkbox"/> Chapter 31 – (Vocational Rehabilitation) | <input type="checkbox"/> Chapter 1607 – (Reserve Education Assistance Program – REAP) |
| <input type="checkbox"/> Chapter 33 – (Post 9/11 GI Bill) | <input type="checkbox"/> Chapter 35 – (Survivor’s and Dependents’ Assistance) |

CHECK IF ANY OF THE FOLLOWING APPLY?

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently on active duty? | <input type="checkbox"/> Yes <input type="checkbox"/> No Change of major or degree from last VA enrollment? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you repeating any courses? | <input type="checkbox"/> Yes <input type="checkbox"/> No Taking Independent Study? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Change of address since last VA Check? | <input type="checkbox"/> Yes <input type="checkbox"/> No Dual Enrollment (Taking class(es) outside of SCSU) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No First enrollment for this chapter of VA benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No Distance Education |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Change of school from last VA enrollment? | <input type="checkbox"/> Yes <input type="checkbox"/> No Desire Advance Payment? See Below |

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

The information I have provided is true. I understand that:

- I MUST complete a new Veterans Affairs Enrollment Certification Request EACH semester that I wish to use VA benefits.
- The school will certify me to the VA only after I have completed/renewed this and other relevant forms.
- It is my responsibility to notify the SCSU Veterans Affairs Office of any changes in my degree program or projected semester hours (drops/withdrawals);
- It is my responsibility to follow the program curriculum outlined in the University's catalog;
- If I fail a course from excessive absences or non-attendance in class, I may be required to repay VA benefits I have received for the failed course; and

Signature _____

Date _____

REQUEST FOR ADVANCE PAYMENT

Advance Pay would provide you with about 1 month + 1-2 weeks of benefits at the start of the semester. You would not receive another check until about 2 ½ months after the term begins. Be sure to properly budget your money if you request this option. The following apply:

- The student requests advance pay, **and**
- There’s more than 30 days between terms **and**
- VA receives the advance payment request at least 30 days but not more than 120 days before the enrollment period **and**
- The student is enrolled at least half-time.

I request Advance Payment: _____

(Signature)

(Date)

Semester Projected Hours: Spring 201() _____ semester hours Summer 201() _____ semester hours Fall 201 () _____ semester hours 12/21/2018