



OFFICE OF THE REGISTRAR
POST OFFICE BOX 8104 ♦ 300 COLLEGE STREET, NORTHEAST
ORANGEBURG, SC 29117-0001 ♦ (803) 536-7185 ♦ FAX: (803) 536-8602

SOUTH CAROLINA STATE UNIVERSITY VETERANS AFFAIRS ENROLLMENT CERTIFICATION REQUEST

NAME _____ SEMESTER/TERM _____

CWID# _____ 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 RECIEVE

- | | |
|---|--|
| <input type="checkbox"/> Chapter 30 (Former Active Duty) | <input type="checkbox"/> Chapter 30 (Active Duty) |
| <input type="checkbox"/> Chapter 31 (Vocational Rehabilitation) | <input type="checkbox"/> Chapter 33 Post 9/11 (Veteran) |
| <input type="checkbox"/> Chapter 33 Post 9/11 (Dependent) | <input type="checkbox"/> Chapter 35 (Dependent /Spouse/Child) |
| <input type="checkbox"/> Chapter 1606 (Reserve National Guard) | <input type="checkbox"/> Chapter 1607 (Reserve National Guard) |

CHECK IF ANY OF THE FOLLOWING APPLY?

- Are you currently on active duty?
- Are you repeating any courses?
- Change of address since last VA check?
- First enrollment for this chapter of VA benefits? (Must fill out VA Form 22-1990 or 22-5490)
- Change of school from last VA enrollment? (Must fill out VA Form 22-1995 or 22-5495)

YES ANSWERS TO THE FOLLOWING QUESTIONS REQUIRE INFORMATION ON PAGE 2

- Yes No Change of major or degree from last VA enrollment?
- Yes No Taking Independent Study?
- Yes No Dual Enrollment (Taking class(es) outside of SCSU)
- Yes No Distance Education?
- Yes No Desire Advance Payment? (See Page 2 for requirements)

WRITE PROJECTED SEMESTER HOURS FOR APPLICABLE TERMS, AS FOLLOWS:

Spring 201() _____ semester hours Summer 201() _____ semester hours Fall 201 () _____ semester hours

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

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

1. It is my responsibility to notify the SCSU Veterans Affairs Office of any changes in my degree program or projected semester hours (drops/withdrawals);
2. It is my responsibility to follow the program curriculum outlined in the University's catalog;
3. 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
4. The school will certify me to the VA only after I have completed/renewed this and other relevant forms.

(Signature)

(Date)

FILL OUT THIS PAGE IF YOU ANSWERED "YES" TO A QUESTION IN THE "YES/NO" SECTION ON THE PREVIOUS PAGE

COMPLETE IF ANY PROJECTED COURSE FALLS UNDER THE FOLLOWING CATEGORIES

NAME/NUMBER

**INDEPENDENT STUDY
SEM HRS TERM**

COURSE

NAME/NUMBER

**INDEPENDENT STUDY
SEM HRS TERM**

COURSE

NAME/NUMBER

**INDEPENDENT STUDY
SEM HRS TERM**

COURSE

CHANGE OF PROGRAM OR MAJOR

Date: _____

As of this date, I changed my major

From: _____

(original major)

To: _____

(new major)

(Signature)

(Date)

REQUEST FOR ADVANCE PAYMENT

ALL OF THE FOLLOWING MUST APPLY:

_____ You will enroll ½ time or more.

_____ You are submitting this form at least 45 days prior to the next term.

PLEASE NOTE: 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.

I request Advance Payment: _____

(Signature)

(Date)