

Veterans Certification Form

info	completion of this form authorizes the Office of Fin rmation to the Department of Veterans Affairs to e nester to receive benefits.									
Sem	ester applying for? (Please Check the Appropriate	3ox):	🖵 Fall	Spring	🖵 Summe	r				
Last Name First Name Middle Name							USCB Stud	ent ID		
Mailing Address (include Apt. #)							VA Claim Number			
City	State	Zip (Code				Cell Phone			
Ema	il Address									
Cur	rent Major or Program of Study									
Has	your major or program of study changed since you	r last enrollm	ent? (Plea	se Check Onl	y One Box):		Yes		No	
Res	dency Classification (Please Check Only One Box):						In-State		Out-of-State	
You	Are Currently a (Please Check Only One Box): 🗖	Veteran	Į	Reserv	ist / National	Gu	ard		Dependent / Spouse	
Are	you transferring from another college to USC Beau	fort? (Please (Check Onl	y One Box			Yes		No	
***	veterans Bene							****	****	
	Chapter 30 Montgomery GI Bill – Current / Forme Are you currently Active Duty? Chapter 31 Vocational Readiness and Employment	Yes	Inselor ap	No proval neede	d)					
	Chapter 33 New Post-9/11 GI Bill – Effective Augu Are you currently Active Duty? Chapter 35 Survivors' and Dependents' Education Chapter 1606 Montgomery GI Bill – Selected Rese	Yes al Assistance (No						
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*I understand that I must complete this form each semester to receive benefits. It is my responsibility to notify the USCB Financial Aid/Veterans Affairs Office immediately upon adding, dropping, or withdrawing from a course(s).