



### Veterans Certification Form

The completion of this form authorizes the Office of Financial Aid/VA to certify veteran students' current enrollment and provide academic record information to the Department of Veterans Affairs to ensure the receipt of Educational Training Benefits. **Students must complete this form every semester to receive benefits.**

Semester applying for? (Please Check the Appropriate Box):  Fall  Fall I  Fall II  Spring  Spring I  Spring II  Maymester  Summer  Summer I  Summer II

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Student VIP ID

\_\_\_\_\_  
Mailing Address (include Apt. #)

\_\_\_\_\_  
VA Claim Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Cell or Alternate Phone Number

\_\_\_\_\_  
Current Major or Program of Study

Has your major or program of study changed since your last enrollment? (Please Check Only One Box):  Yes  No

Residency Classification (Please Check Only One Box):  In-State  Out-of-State

You Are Currently a.... (Please Check Only One Box):  Veteran  Reservist / National Guard  Dependent / Spouse

Are you transferring from another college to USC Beaufort? (Please Check Only One Box):  Yes  No

If yes, how many credit hours are you transferring? \_\_\_\_\_

\*\*\*\*\*

#### Veterans Benefit Information (Please Check Only One Box)

- Chapter 30 Montgomery GI Bill – Current / Former Active Duty  
Are you currently Active Duty? Yes  No
- Chapter 31 Vocational Rehabilitation and Employment Program
- Chapter 33 New Post-9/11 GI Bill – Effective August 2009  
Are you currently Active Duty? Yes  No
- Chapter 35 Survivors' and Dependents' Educational Assistance (DEA)
- Chapter 1606 Montgomery GI Bill – Selected Reserve (MGIB-SR)
- Chapter 1607 Montgomery GI Bill – Reserve Educational Assistance Program (REAP)

**NOTE: PLEASE MAKE SURE THAT YOU PRINT OUT A COPY OF YOUR CONCISE STUDENT SCHEDULE AND BILL FROM SELF SERVICE CAROLINA (SSC) AND ATTACH IT TO THIS CERTIFICATION FORM.**

*\*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).*

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date