



Veterans Information Card

SEMESTER _____

Check here if you have previously submitted this card for the term listed above.

NAME: _____ Chapter: _____
Last First MI

Enrollment Status: Full-Time (12 Units) ¾ Time (9-11 Units) ½ Time (6-8 Units)
 Less than ½ (5 units) ¼ time (4 Units or less)

Student Identification Number: _____ - _____ - _____

*(Chapter 35 Only,
Must be ENROLLED
in 6.5 UNITS or
MORE to RECEIVE
BENEFITS)*

Instructions: Complete this card each semester that you would like to have your enrollment to be certified to the VA. Enrollment certification will not be processed without the student's request. **NOTE: It is the student's responsibility to notify the VSC when an enrollment status occurs and/or any changes to schedule.**

DATE: _____ SIGNATURE: _____



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