Veterans Information Card

☐ 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: ___________________________ ___________________________ ___________________________

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: ___________________________