



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)

**Must be
ENROLLED in 6.5
UNITS or MORE to
RECEIVE BENEFITS!**

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: _____