



WINSTON-SALEM
STATE UNIVERSITY

Office of the Registrar
202 Thompson Center • 601 S Martin Luther King Jr. Drive
Winston-Salem, North Carolina 27110
Phone: 336-750-3330 • Fax: 336-750-3332

VETERANS AFFAIRS ENROLLMENT CERTIFICATION REQUEST

NAME _____ SEMESTER/TERM _____
 SOCIAL SECURITY# _____ SERVICE BRANCH _____
 VA FILE # _____ (If different from social security #)
 DAYTIME PHONE _____ E-MAIL ADDRESS _____
 ADDRESS _____
 STR/IRTE _____ APT/BLDG _____ CITY _____ STATE _____ ZIP _____
 DEGREE AND MAJOR CURRENT SEEKING (EX: BA. Music) _____

CHECK THE BENEFIT YOU ARE ELIGIBLE TO RECEIVE

- Chapter 30 (Former Active Duty) Chapter 30 (Active Duty) Chapter 31 (Vocational Rehabilitation)
- Chapter 33 Post 9/11 (Veteran) Chapter 33 Post 9/11 (Dependent) Chapter 35 (Dependent /Spouse/Child)
- Chapter 1606 (Reserve National Guard) Chapter 1607 (Reserve National Guard)

CHECK IF ANY OF THE FOLLOWING APPLY

- You currently on active duty
- You repeating any courses
- Change of address since last VA check
- This is the first enrollment for this chapter of VA benefits (Must fill out VA Form 22-1990 or 22-5490; Visit <http://www.va.gov/forms>)
- Change of school from last VA enrollment (Must fill out VA Form 22-1995 or 22-5495; Visit <http://www.va.gov/forms>)

YES ANSWERS TO THE FOLLOWING QUESTIONS REQUIRE INFORMATION ON PAGE 2

- Yes No Change of major or degree from last VA enrollment?
- Yes No Taking Independent Study?
- Yes No Dual Enrollment (Taking class(es) outside of WSSU)
- Yes No Distance Education?
- Yes No Desire Advance Payment? (See Page 2 for requirements)

ENTER PROJECTED SEMESTER HOURS FOR APPLICABLE TERMS

Spring 20() _____ semester hours Summer 20() _____ semester hours Fall 20() _____ semester hours

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

The information I have provided is true. I understand that:

1. It is my responsibility to notify the SCSU Veterans Affairs Office of any changes in my degree program or projected semester hours (drops/withdrawals)
2. It is my responsibility to follow the program curriculum outlined in the University's catalog;
3. If I fail a course from excessive absences or non-attendance in class, I may be required to repay VA benefits I have received for the failed course; and
4. The school will certify me to the VA only after I have completed/renewed this and other relevant forms.

(Signature)

(Date)



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Fill out this information if you answered "yes" to a question in the "yes/no" section on the previous page. Complete if any projected course falls under the following categories.

NAME/NUMBER	INDEPENDENT STUDY SEM HRS TERM	COURSE
_____	_____	_____
_____	_____	_____

NAME/NUMBER	INDEPENDENT STUDY SEM HRS TERM	COURSE
_____	_____	_____
_____	_____	_____

NAME/NUMBER	INDEPENDENT STUDY SEM HRS TERM	COURSE
_____	_____	_____
_____	_____	_____

CHANGE OF PROGRAM OR MAJOR

Date: _____ As of this date, I changed my major

From: _____ (original major)

To: _____ (new major)

(Signature) (Date)

REQUEST FOR ADVANCE PAYMENT

ALL OF THE FOLLOWING MUST APPLY:

- You will enroll ½ time or more.
- You are submitting this form at least 45 days prior to the next term.

PLEASE NOTE: Advance Pay would provide you with about 1 month + 1-2 weeks of benefits at the start of the semester. You would not receive another check until about 2 ½ months after the term begins. Be sure to properly budget your money if you request this option.

I request Advance Payment: _____
(Signature) (Date)