



**THE CITADEL**  
THE MILITARY COLLEGE OF SOUTH CAROLINA

Veterans Coordinator  
Office of Financial Aid  
171 Moultrie Street \* Charleston, SC 29409  
843.953.5187 \* 843.953.6759 (fax)  
Sally.levitt@citadel.edu

**Request for VA Enrollment Certification**

*In order to certify your enrollment, this form should be filled out **each** semester after pre-registration.*

Student Information:	
Last Name:	First Name: Student ID/SS#:
Address:	Phone #
Email :	
VA Chapter:	Active Duty: <input type="checkbox"/> Yes <input type="checkbox"/> No
Check All that Apply	Academics
<input type="checkbox"/> Changed Degree Program <input type="checkbox"/> Changed mailing address <input type="checkbox"/> Cross registered at another school <input type="checkbox"/> Withdrew from class or classes <p><i>If you have checked any of the above, you must contact the Veterans Coordinator as soon as possible.</i></p> <p><i>For Graduate Students</i></p> <p>Are you:</p>	<p><i>Reminder: This form must be submitted each Fall, Spring and Summer after pre-registration.</i></p> <p>Term:</p> <p><i>If taking summer classes, please check all terms that apply.</i></p> <input type="checkbox"/> Maymester <input type="checkbox"/> SUI Day <input type="checkbox"/> SUII Day <input type="checkbox"/> SUI Eve. <input type="checkbox"/> SUII Eve. <p>Registered Hours:</p>
Signature: _____ Date: _____	

For Office Use Only:

AD- T/F \_\_\_\_\_ MM \_\_\_\_\_ SUI \_\_\_\_\_ SUII \_\_\_\_\_

KKER \_\_\_\_\_

Notes: \_\_\_\_\_  
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