



Name: _____	Date: _____
SSN: _____	ID: _____
Birth date: _____	Phone: _____
Address: _____	E-Mail: _____
_____	_____

Benefit based on:

You (ch 30) _____ (ch 33) _____ spouse (ch 35) _____ parent (ch 35) _____

Are you on active duty/reserves? Yes _____ No _____ ch 1606 _____ ch 1607 _____

Will you be applying for federal financial assistance? Yes _____ No _____

Will you be applying for state financial assistance? Yes _____ No _____

Responsibilities

- Eligible Veterans and Dependents are responsible for notifying the V.A. Certifying Official in the Financial Aid Office at Florida Hospital College of Health Sciences of their intention to apply for V. A. benefits each award year.
- Register only for courses that will apply to your degree program.
- **Promptly report any changes (withdrawals, audits) in your enrollment to the Certifying Official on campus. Failure to do so may result in an overpayment.**
- Any change of major must be reported **IMMEDIATELY!**
- If there has been a change in your name or address, please request a Name/Address Change form from the Financial Aid Office.
- Submit a copy of your VA award letter to the Financial Aid Office.

Enrollment Information (check the appropriate one)

Degree Goal:

_____ A.S. _____ B.S. _____ M.S.(Pre-Program Courses): Major desired _____

_____ A.S. _____ B.S. _____ M.S.: Major _____

_____ Transient Student (Must have a Transient Student Form) List school below.

School: _____

Please list number of credits for each semester that you plan to attend

Fall '10 _____ Spr '11 _____ Sum '11 _____

Explanation of Hours:

Full Time:	Underg: 12 or more	Half-Time:	Underg: 6-8
	Grad: 8 or more		Grad: 4-5
Three-Quarter Time:	Underg: 9-11	Less Than Half Time:	Underg: 5 or less
	Grad: 6-7		Grad: 3 or less

I understand and realize that I am responsible for the above. Failure to report any changes could result in an overpayment and discontinuance of V.A. benefits.

Signature _____ Date _____