



Request for Use of MIA/POW or IVG

Spring Summer Fall 20_____

Name _____ SS# _____

I certify that I meet the Illinois residency requirement. _____ Initial

Address _____ City _____ State _____ Zip _____

IVG# _____ MIA/POW# _____

Using IVG with Chapter 33 (Post 911 G1 Bill)

Student Status: New - Not used at Southwestern Illinois College

Returning - Used at Southwestern Illinois College after a break

Continuing - Attended previous semester at Southwestern Illinois College

Will you be using or have used IVG at another institution besides Southwestern Illinois College during the last two semesters/sessions?

Yes No

Name of college/institution/university at which I am concurrently enrolled in or was enrolled in during the previous academic year _____

Did you use IVG Yes No

It is my responsibility to be sure I have adequate IVG-MIA/POW points to cover allowable costs at Southwestern Illinois College for the term for which I am enrolling. If the IVG-MIA/POW refuses payment to Southwestern Illinois College, then I understand that I am fully responsible for all allowable costs not paid by IVG-MIA/POW.

I understand that I am obligated to pay all fees, e.g., course/class fees, fines transcript fees, class activities, books, etc., not included by the provisions of the IVG or MIA/POW programs. I also understand that in order to use the benefits of either program, I must request use through the Veterans' Services Office (VSO) **EACH** semester that I enroll.

Note: The use of either of these programs also subjects students using the benefits to maintain a grade point average (GPA) of 2.0. Failure to maintain these standards can result in probation of benefits.

Signature
(For use by VSO staff - DO NOT write below this line.)

Date

FIN work completed by _____

on _____ Points _____