Georgia College

CONFIRMATION OF CERTIFICATION FOR EDUCATIONAL BENEFITS

Must be submitted each semester

NAME:	Last	First		Middle	
CURRENT MA	.ILING ADDRESS:			Middle	
	:	Street Number and Street o	or P.O. Box		
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YES _		 City	State		Zip
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		Major:			
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must inform t	he VA Officer if you	make a change in de	gree and/or	Major, or cho	ange in hours
		taking this semester			nternships?
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_Date____

made (drop/add/withdrawals/change of major/degree).

Signature_____