

Georgia College
CONFIRMATION OF CERTIFICATION FOR EDUCATIONAL BENEFITS

NAME: _____
Last First Middle

CURRENT MAILING ADDRESS: _____
Street Number and Street or P.O. Box

Is this a change in address?
___ YES ___ No

PHONE: _____ City State Zip
VA FILE # (only ch. 35): _____
GCID #: _____ SOCIAL SECURITY #: _____

TYPE OF BENEFITS: (Check the Correct Chapter)

- | | |
|--|---|
| <input type="checkbox"/> Chapter 33, Post 9/11, Veteran__ or Dependent__ | <input type="checkbox"/> New student (never attended college) |
| <input type="checkbox"/> Chapter 30, MGIB | <input type="checkbox"/> Transfer Student |
| <input type="checkbox"/> Chapter 32, Post-Vietnam era (VEAP) | <input type="checkbox"/> Continuing Student at GCSU |
| <input type="checkbox"/> Chapter 35, Survivor__ or Dependent__ | <input type="checkbox"/> Transient Student |
| <input type="checkbox"/> Chapter 1606, National Guard/Reserve | |
| <input type="checkbox"/> Chapter 1607, REAP | |

Chapter 30 only: Are you currently on active duty? Yes ___ No ___

Degree Type (ex. BA, BS, etc.): _____ Major: _____ Minor: _____

Are any of the courses you are taking this semester independent study or internships?

If yes, list the course(s): _____

GCSU courses being taken this semester: Semester _____ 20 _____

| CRN | Alpha Abbreviation | Course Number | Section | Semester Hours |
|-----|--------------------|---------------|---------|----------------|
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When dropping a class(s), the VA will only pay for class if there are mitigating circumstances. Please inform VA Certifying official what the mitigating circumstances are.

Are any of the courses listed above repeats? ___ Yes ___ No

Course Title(s) _____

Reason(s) for repeat(s) _____

Are you taking a Transient course this semester? _____

Please attach a copy of the transient form. Course title(s)/number College

Turn in at the VA Service Office:
GCSU
Office of the Registrar, CBX 69
Milledgeville, GA 31061
Fax # 478-445-1914

I am aware that the following course(s) _____ are not part of my degree program and will not be certified to the VA.

I agree to report any enrollment changes to the VA Certifying Official. I understand that the VA will not award benefits for the courses which are not credited toward my degree; nor for courses that I have previously received credit unless required by GCSU. I certify that the above information is correct, and I authorize and request GCSU to use this for confirming my enrollment to the VA. I understand that it is my responsibility to notify the GCSU Veterans Officer if any changes are made (drop/add/withdrawals/change of major/degree).

Signature _____ Date _____