

**GRAMBLING STATE UNIVERSITY
VA SEMESTER BENEFITS FORM**

FALL _____ SPRING _____ SUMMER I _____ SUMMER II _____

Students requesting to receive benefits must accurately complete this form and return it to the Registrar's Office each semester for which benefits are used. Payment of VA benefits cannot be initiated or continued without accurate enrollment information.

Name _____ Date of Birth ____/____/____

Social Security Number ____/____/____ VA File #/CH 35 ONLY _____

Address _____

Phone _____ Email _____

VA Status: (please check one)

- Currently Active Duty** **VEAP (CH 32)**
 Montgomery GI-Bill (CH 30) **VA Voc. Rehab (CH 31)**
 Reserve/Guard (CH 1606) **Activated Reservist (CH 1607)**
 Dependent (CH 35) **Note**: State Aid Exemption is handled through the Scholarship Office

Note: CH 30, 1606, & 1607 students must verify enrollment the last day of each month. Call 1-877-823-2378 or visit www.gibill.va.gov

Current Student Status that applies:

- New student never used benefits anywhere**
 Transfer student (used benefits at another school)
 Continuing student attended GSU last semester using VA benefits
 Re-entry student, used VA benefits at GSU previously
 Visiting student only _____ - Primary Institution

I agree and promise to promptly provide written notification to the School Certifying Official in the Grambling State University Registrar's Office if I stop attending any or all classes, resign, decide not to continue receiving benefits, or change my major. I agree to update this form if I add or drop a class(es), which changes my enrollment status (full-time or part-time) I understand this is my responsibility and failure to do so could result in overpayment that will be refundable to VA.

I realize that credit earned will not be granted for any course in which I already previously earned credit acceptable for graduation or toward attainment of my objective. I am aware of the number of semester hours in which I must enroll to receive less than one half, one half, three-fourths, or full-time pay under this program, and that this form must be completed each semester I wish my enrollment status to be certified to VA.

Student Signature & Date _____ Major _____

COURSE	COURSE TITLE	SEMESTER HOURS	COMMENTS

I certify that the courses list above are required and are not repeats for this student's degree program unless otherwise noted in the Comments section.

Advisor's Signature _____ Date _____