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* **I understand that this form must be filled out and verified by my academic advisor every semester that I intend on using benefits.**
* **Education benefits can be affected by schedule adjustment. I agree to notify the School Certifying Official of any adjustments to my schedule (adds, drops, withdrawals). I agree to update my semester benefits form if there are any changes to my schedule.**
* **I understand that I am responsible for any overpayment received from the VA.**
* **I understand that VA does not pay for classes that will not be applied toward my degree. I also understand that classes I have previously earned credit either at GSU or from another school will not be certified with the VA.**
* **I understand that I must maintain satisfactory academic progress as detailed in the GSU course catalog.**
* **I understand that it is my responsibility to notify the School Certifying Official of any change in my VA eligibility.**

**I HAVE READ AND UNDERSTAND THE INFORMATION ABOVE**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What semester are you applying for benefits?** \_\_Fall \_\_Spring \_\_Summer I \_\_Summer II Year 20\_\_\_

**GI Bill Used:** \_\_Montgomery GI Bill Active Duty (Chapter 30) \_\_Montgomery GI Bill Reserve/Guard (Chapter 1606)

\_\_Activated Reservist (Chapter 1607) \_\_DEA(Chapter 35) \_\_Post 9/11 GI Bill Transfer of Entitlement

\_\_Post 9/11 GI Bill

**Enrollment must be verified at the end of every month by Chapters 30, 1606, and 1607 participants by calling 877-823-2378 or logging into either** [**www.ebenefits.va.gov**](http://www.ebenefits.va.gov)**.**

**All State Aid Exemptions (Title 29, ARNG, etc.) are processed in the Office of Financial Aid (318-274-6328 or 6439).**

**Student Status:** \_\_Used benefits at GSU last semester or a previous semester \_\_Never used benefits before

\_\_Transfer (used benefits at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_Visiting student (Primary School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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| **CRN** | **Course Title** | **Semester Hrs.** | **Comment (Remedial or Repeated Course)**  **Are you in Clinical Rotations, Internships, or Externships?** |
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**I certify to the best of my knowledge that the classes listed above are required for completion of the student’s program of study. Academic Department Head’s Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHEDULE

VA INFORMATION (PLEASE CHECK THE APPROPRIATE BOXES)

Full Name Student ID # Social Security #

Address City State Zip Code

Telephone # Email Address Major

*GRAMBLING STATE UNIVERSITY*

*VA SEMESTER BENEFITS FORM*

GENERAL INFORMATION