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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 UNDERSTOOD 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) \_\_VEAP (Chapter 32) \_\_Survivors/Dependents (Chapter 35)

 \_\_Post 9/11 GI Bill \_\_Post 9/11 GI Bill Transfer of Entitlement \_\_Veterans Retraining Assistance Program **Enrollment must be verified at the end of every month by Chapters 30, 1606, 1607, and VRAP participants by calling 877-823-2378 or logging into either** [**www.ebenefits.va.gov**](http://www.ebenefits.va.gov) **or** [**www.gibill.va.gov**](http://www.gibill.va.gov)**.**

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

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

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

VA INFORMATION (PLEASE CHECK THE APPROPRIATE BOXES)

Full Name Student ID # Social Security #

Address City State Zip Code

Telephone # Email Address Major

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| --- | --- | --- | --- |
| **Course** | **Course Title** | **Semester Hours** | **Comment** |
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**Advisor’s Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*GRAMBLING STATE UNIVERSITY*

*VA SEMESTER BENEFITS FORM*

SCHEDULE

PLEASE READ AND SIGN

GENERAL INFORMATION