

GRAMBLING STATE UNIVERSITY

VA SEMESTER BENEFITS FORM

GENERAL INFORMATION

Full Name	Student ID #	Social Security #	
Address	City	State	Zip Code
Telephone #	Email Address	Major	

VA INFORMATION (PLEASE CHECK THE APPROPRIATE BOXES)

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 or 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 _____)

PLEASE READ AND SIGN

- 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 _____

SCHEDULE

Course	Course Title	Semester Hours	Comment

Advisor's Signature: _____

Date: _____