



VETERAN'S BENEFITS

Registrar's Office
 800 Georgia Southwestern State University Drive
 Americus, GA 31709-4379
 Phone: 229-928-1331 / Fax: 229-931-2021

REMINDER: This form must be completed **EACH** semester, and returned to the VA Certifying Official, (Registrar's Office) once registered. **FAILURE TO DO SO MAY DELAY BENEFITS!!**

TO BE COMPLETED BY STUDENT (Please print or type)

Name: _____ VA File #: _____

ADDRESS WHERE YOUR VA CHECK IS TO BE SENT: gswID#: _____

Street, Route or Box No. _____ City _____ State _____ Zip Code _____

Email Address _____ Phone # _____

CHECK ONE:
 New Student (never attended College)
 Transfer Student
 Continuing Student at Georgia Southwestern
 Graduating Senior this Semester
 Transient student

CHECK ONE:
 Chapter 30 (Active Duty)
 Chapter 31 (Vocational Rehabilitation)
 Chapter 32 (VEAP)
 Chapter 33 (Post 9/11)
 Chapter 35 (Survivors & Dependents)
 Chapter 1606 (National Guard/Reserve)
 Chapter 1607 (REAP)

Ch 30 (Active Duty) only. Will you use Tuition Assistance? yes no. If yes, which course(s) will be used for TA? _____

If you are an active member of the US Military Reserve/GA National Guard, you may be eligible for a waiver of mandatory fees. If you are an active member of the US Military Reserve/GA National Guard answer the following questions. If not, please skip this section. A current VA form DD-214, member 4 must be on file.

Are you a Georgia Resident? yes no

Please check all conditions that apply:

- I served in a combat zone for at least 181 consecutive days on or after September 11, 2001.
- I received full disability as a result of injuries suffered in a combat zone in which I had served since September 11, 2001.
- I was evacuated from a combat zone due to severe injuries suffered during any time while on active duty.

You will be notified by email from the Certifying Official if you are eligible for the fee waiver.

Graduation Date: _____ Degree: _____ (Ex: BA, BS, BSN, etc.)

I am registered for the following courses for the _____ semester, _____ semester, which are requirements toward _____ year

my degree program of _____ (Ex: Accounting, Chemistry, Sociology, etc.)

COURSE (Ex: ENGL 1101)	CRN	HOURS	COURSE (Ex: ENGL 1101)	CRN	HOURS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Number of hours for which I am registered this semester: _____ semester hours

I agree to report any enrollment changes to the VA Certifying Official. I certify that I have not received prior credit for any course for which I am registered this semester, unless noted below in "COMMENTS". I understand that the Veterans Administration will not award benefits for the courses which are not credited toward my degree program; nor for courses for which I have previously earned credit, unless required by Georgia Southwestern State University.

DATE: _____ STUDENT'S SIGNATURE: _____

COMMENTS:

