

Phone: 706-542-1842 Email: va@uga.edu

Name:	Student ID #	(811)
My benefits chapter is (check one):	Start	Term:
Chapter 30 (MGIB-Active Duty)		Fall 2023
Chapter 31 (Vocational Rehabilitation)  * 28-1905 is needed from VA Counselor  Chapter 33 (Post 9/11)		
		Spring 2024
* Copy of Certificate of Eligibility needed  Chapter 35 (Dependents Education Assist)		Summer 2024
Sponsor's VA File #		Other
Chapter 1606 (MGIB Select Reserve)  * Copy of NOBE needed (Notice of Basic Eligibility)		
I am a (check one):		
Veteran Dependent * Please return with DD-214	Spouse	Active Duty  * Please return with proof of service
I am a (check one):		
Freshman Student		
Transfer Student		
Returning Student		
Graduate Student		
CERTIFICATION	INFORMATION	
I acknowledge and understand that I may only for my degree program. It is my responsibility to notif change in my course load, in a timely manner, so that from a benefit-eligible class after the add/drop deadlir required to repay any fees incurred. I am responsible terminations of enrollment. Students wishing to not us Veterans Education Benefits at UGA to stop and or responsible.	ty the Veterans Educa t my benefits can be rate, and tuition/fees ha for all debts resulting se their VA benefits for	tion Benefits Office at UGA of any reassessed. If I add/drop/withdraw ave already been reported, I may be from reductions or
I acknowledge that I understand stude	ent responsibilities	listed above.
STUDENT SIGNATURE	DATE	

<sup>\*</sup> Please do not email documents containing social security numbers. Any documents containing social security numbers must be sent via <a href="https://sendfiles.uga.edu/">https://sendfiles.uga.edu/</a> and addressed to <a href="mailto:skydev@uga.edu">skydev@uga.edu</a>.