



Name: _____ Student ID #(811) _____

My benefits chapter is (check one):

Start Term:

- Chapter 30 (MGIB-Active Duty)
Chapter 31 (Vocational Rehabilitation)
Chapter 33 (Post 9/11)
Chapter 35 (Dependents Education Assist)
Sponsor's VA File #:
Sponsor's First & Last Name:
Chapter 1606 (MGIB Select Reserve)

- Fall 2024
Spring 2025
Summer 2025
Other

I am a (check one):

- Veteran
Dependent
Spouse
Active Duty
Military Reserve

* Please return with DD-214

* Please return with proof of service

I am a (check one):

- Freshman Student
Transfer Student
Returning Student
Graduate Student
Current Student
In-State
Out-of-State

*Click here for the Out-of-State Waiver Applications

CERTIFICATION INFORMATION

I acknowledge and understand that I may only be certified for classes that satisfy requirements for my degree program. It is my responsibility to notify the Veterans Education Benefits Office at UGA of any change in my course load, in a timely manner, so that my benefits can be reassessed. If I add/drop/withdraw from a benefit-eligible class after the add/drop deadline, and tuition/fees have already been reported, I may be required to repay any fees incurred. I am responsible for all debts resulting from reductions or terminations of enrollment. Students wishing to not use their VA benefits for any given term must notify the Veterans Education Benefits at UGA to stop and or restart benefits.

I acknowledge that I understand student responsibilities listed above.

STUDENT SIGNATURE _____ DATE _____

* Please do not email documents containing social security numbers. Any documents containing social security numbers must be sent via https://sendfiles.uga.edu/ and addressed to skydev@uga.edu.