



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 # \_\_\_\_\_
Chapter 1606 (MGIB Select Reserve)

- Fall 2022
Spring 2023
Summer 2023
Other

I am a (check one):

- Veteran
Dependent
Spouse
Active Duty

I am a (check one):

- Freshman Student
Transfer Student
Returning Student
Graduate Student

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.

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 la74900@uga.edu.