



Note: Please submit this form to va@uga.edu. Documents containing SSN information should not be sent via email.

STUDENT INFORMATION

Last Name *

First Name *

Middle Name

UGA ID (81X) Number *

Contact Email Address *

My benefits chapter is (check one): *

Chapter 30 (MGIB-Active Duty)

Chapter 31 (Vocational Rehabilitation) *28-1905 is needed from VA Counselor

Chapter 33 (Post 9/11) *Copy of Certificate of Eligibility needed

Chapter 1606 (MGIB Select Reserve) *Copy of NOBE needed (Notice of Basic Eligibility)

Chapter 35 (Survivors' and Dependents' Educational Assistance)

START TERM

Fall, Spring, Summer *

Year *

I am a (check one): *

Veteran *Please return with DD-214

Dependent

Spouse

Active Duty *Please return with proof of service

VETERANS EDUCATIONAL BENEFITS CONTACT INFORMATION

VA Certifying Official: Skylar Devlin, Assistant Registrar

Phone: 706-542-1842

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.

NOTE: By signing below, I acknowledge that I understand student responsibilities listed above.

Student Signature *

Date *

Revised June 2026