

GCSU
CONFIRMATION OF CERTIFICATION FOR EDUCATIONAL BENEFITS
Must be submitted each semester for certification.

NAME: _____
Last First Middle

CURRENT MAILING ADDRESS: _____
Street Number and Street or P.O. Box

Is this a change in address?
 ___ YES ___ NO

City State Zip

PHONE: _____ VA FILE # (only Chapter 35): _____
 GCID #: 911 _____ SOCIAL SECURITY # (Required for initial request only): _____

TYPE OF BENEFITS: (Check the Correct Chapter)

| | |
|--|---|
| <input type="checkbox"/> Chapter 33, Post 9/11, Veteran ___ or Dependent ___ | <input type="checkbox"/> New student (never attended college) |
| <input type="checkbox"/> Chapter 30, GI Bill® | <input type="checkbox"/> Transfer Student |
| <input type="checkbox"/> Chapter 32, Post-Vietnam era (VEAP) | <input type="checkbox"/> Continuing Student at GCSU |
| <input type="checkbox"/> Chapter 35, Survivor ___ or Dependent ___ | <input type="checkbox"/> Transient Student |
| <input type="checkbox"/> Chapter 1606, National Guard/Reserve | |
| <input type="checkbox"/> Chapter 1607 REAP | |

Chapter 30 only: Are you currently on active duty? Yes ___ No ___

Degree Type (ex. BBA, BA, BS, MBA etc.): _____ Major: _____ Minor: _____

Are any of the courses you are taking this semester independent study or internships?
 If yes, list the course(s): _____

GCSU courses being taken this semester: Semester _____ 20_____

| CRN i. e., 80101 | Course Subject i. e., ENGL | Course Number i. e., 1101 | Section i. e., 01, 01W | Semester Hours | Registrar Use Only |
|---------------------|-------------------------------|------------------------------|---------------------------|-------------------|--------------------|
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When dropping a class(s), the VA will only pay for class if there are mitigating circumstances. Please inform VA Certifying official what the mitigating circumstances are.

Are any of the courses listed above repeats? ___ Yes ___ No
 Course Title(s) _____
 Reason(s) for repeat(s) _____

Are you taking a Transient course this semester? _____
 Please attach a copy of the transient form. Course title(s)/number College

Turn in at the VA Service Office: GCSU Office of the Registrar
 107 Parks Hall, Campus Box 069
 Milledgeville, GA 31061 Fax # 478-445-8535

I am aware that the following course(s) _____
 are not part of my degree program and will not be certified to the VA.

I agree to report any enrollment changes to the VA Certifying Official. I understand that the VA will not award benefits for the courses which are not credited toward my degree; nor for courses that I have previously received credit unless required by GCSU. I certify that the above information is correct, and I authorize and request GCSU to use this for confirming my enrollment to the VA. I understand that it is my responsibility to notify the GCSU Veterans Officer if any changes are made (drop/add/withdrawals/change of major/degree).

Signature _____ Date _____ updated 7/11/2024