

# GRAMBLING STATE UNIVERSITY

## VA SEMESTER BENEFITS FORM

### GENERAL INFORMATION

Full Name	Student ID #	Social Security #
Address	City	State      Zip Code
Telephone #	Email Address	Major

### VA INFORMATION (PLEASE CHECK THE APPROPRIATE BOXES)

**What semester are you applying for benefits?**     Fall     Spring     Summer I     Summer II    Year 20\_\_

**GI Bill Used:**     Montgomery GI Bill Active Duty (Chapter 30)     Montgomery GI Bill Reserve/Guard (Chapter 1606)  
                           Activated Reservist (Chapter 1607)     DEA(Chapter 35)     Post 9/11 GI Bill Transfer of Entitlement  
                           Post 9/11 GI Bill

Enrollment must be verified at the end of every month by Chapters 30, 1606, and 1607 participants by calling 877-823-2378 or logging into either [www.ebenefits.va.gov](http://www.ebenefits.va.gov).

**All State Aid Exemptions (Title 29, ARNG, etc.) are processed in the Office of Financial Aid (318-274-6328 or 6439).**

**Student Status:**     Used benefits at GSU last semester or a previous semester     Never used benefits before  
                           Transfer (used benefits at \_\_\_\_\_)  
                           Visiting student (Primary School \_\_\_\_\_)

- I understand that this form must be filled out and verified by my academic advisor every semester that I intend on using benefits.
- Education benefits can be affected by schedule adjustment. I agree to notify the School Certifying Official of any adjustments to my schedule (adds, drops, withdrawals). I agree to update my semester benefits form if there are any changes to my schedule.
- I understand that I am responsible for any overpayment received from the VA.
- I understand that VA does not pay for classes that will not be applied toward my degree. I also understand that classes I have previously earned credit either at GSU or from another school will not be certified with the VA.
- I understand that I must maintain satisfactory academic progress as detailed in the GSU course catalog.
- I understand that it is my responsibility to notify the School Certifying Official of any change in my VA eligibility.

**I HAVE READ AND UNDERSTAND THE INFORMATION ABOVE**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### SCHEDULE

CRN	Course Title	Semester Hrs.	Comment (Remedial or Repeated Course) Are you in Clinical Rotations, Internships, or Externships?

**I certify to the best of my knowledge that the classes listed above are required for completion of the student's program of study.**

Academic Department Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_