

**SEMESTER VERIFICATION for VA Educational Benefits: MUST BE SUBMITTED EACH SEMESTER**

**CHECK ONE:**     **FALL** (Aug – Dec)                       **SPRING** (Jan – May)                       **SUMMER** (May – Aug)

**Name** \_\_\_\_\_ **Student I.D. #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Is this a New Address? Yes  No

**VA File #** \_\_\_\_\_ **Phone #** (    ) \_\_\_\_\_ **Date of Birth**    /    /

PLEASE CHECK TYPE OF EDUCATIONAL BENEFITS YOU ARE REQUESTING

**Veteran-VRAP/Ch. 30**     **Reservist/Ch. 1606**     **Dependent/CH.35**     **REAP/Ch. 1607**     **POST-9/11 Ch. 33**     **Voc. Rehab/Ch. 31**

1. Is there a program change for **Current** or **Upcoming** semester in **Any** manner?    **YES**\_\_\_ **NO**\_\_\_  
*IF YES, also submit one of the following forms: 22-1995 (Veterans/Servicepersons) OR 22-5495 (Dependent)*
2. **(1<sup>st</sup> semester students only)** Transferring from or attended another school before coming to CGTC? *IF YES*, submit one of the forms listed above in #1. *(If applicable: Contact Admissions to evaluate your Transcripts)*
3. Are you currently on ACTIVE DUTY? **YES**\_\_\_\_\_ **NO**\_\_\_\_\_ → → *TRANSIENT* Student? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
4. **(For Post 9/11 students only)** Receiving HOPE? **YES**\_\_\_\_\_ **NO**\_\_\_\_\_
5. **(For Post 9/11 students only)** What is your COE percentage %: \_\_\_\_\_ (Certificate of Eligibility)
6. Indicate Program/Major \_\_\_\_\_ *Certificate, Diploma or Degree?* (Circle One)
7. Double Major? If so, list second program: \_\_\_\_\_ *Certificate, Diploma or Degree?* (Circle One)

**List the course(s) that you are requesting to receive Educational Benefits for**

Subject	Course Title	Credits Hrs.	On Campus (Check Box)	Online (Check Box)
<b>Total Hours:</b>				

**\*\*\*ARE ANY OF THE COURSES LISTED ABOVE REPEATS?**     **YES**     **NO**

I confirm that the above information is correct, and I authorize and request Central Georgia Technical College to use this for confirming my enrollment. I further confirm that the course(s) in which I have enrolled this semester are required for my program of study. I understand it is my responsibility to notify Central Georgia Technical College Veterans **Officer** if **any** changes are made (*Drop/Add/Withdrawal/Exempt/Change of Program*). Failure to do so may result in the course load **reduction effective date being retroactive** to the first day of the semester.

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR VA OFFICE USE ONLY**

*Type of Benefits:*    **Chapter 30**    **Chapter 31**    **Chapter 33**    **Chapter 35**    **Chapter 1606**    **Chapter 1607**    **VRAP**

*Total approved credit hours:* \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_ **Initial** \_\_\_\_\_