CENTRAL GEORGIA cgtc TECHNICAL COLLEGE

www.va.gov

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

Check One: ☐ **Fall** (Aug-Dec) ☐ **Spring** (Jan - May) ☐ **Summer** (May-Aug)

Name _____ **Student ID #** _____ **Email** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Is this a New Address? **Yes** **No**

VA File # _____ **Phone #** (_____)_____ **Date of Birth** _____/_____/_____

PLEASE CHECK THE TYPE OF EDUCATIONAL BENEFITS YOU ARE REQUESTING

☐ **Veterans-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. **(1st semester students only)** Transferring from or attend 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 / Degree** (Circle One)

7. Double Major? If so, list second program: _____ **Certificate / Diploma / Degree** (Circle One)

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

Subject/CRN	Course Title	Credit Hrs.	On Campus	Online
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
	Total Hours			

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

Please read before signing ...

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.

UNSATISFACTORY PROGRESS, ATTENDANCE AND CONDUCT

The law requires that educational assistance benefits to Veterans and other eligible persons be discontinued when the student ceases to make satisfactory progress toward completion of his or her training objective or unsatisfactory conduct.

STUDENT SIGNATURE _____ **DATE** _____

FOR VA OFFICE USE ONLY; COMMENTS _____ **INITIAL** _____