

### 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**VA File Name** \_\_\_\_\_

**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 \_\_\_\_\_

2. Are you currently on ACTIVE DUTY? YES \_\_\_\_\_ NO \_\_\_\_\_ TRANSIENT Student? YES \_\_\_\_\_ NO \_\_\_\_\_

3. (For Post 9/11 students only) Receiving HOPE? YES \_\_\_\_\_ NO \_\_\_\_\_  
→ →

4. **(For Post 9/11 students only)** What is your COE percentage%: \_\_\_\_\_ (Certificate of Eligibility)

5. Indicate Program/Major \_\_\_\_\_ **Certificate / Diploma / Degree** (Circle One)

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

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

Subject/CRN	Course Title	Credit Hrs.	On Campus	Online
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
	<b>Total Hours</b>			

\*\*\*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 \_\_\_\_\_

<b>FOR VA OFFICE USE ONLY; COMMENTS</b>	<b>INITIAL</b>
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