

# Veteran's Information Sheet

Office of Veterans Services  
Box 4017, Atlanta, GA. 30302-4017  
Phone: 404/413-2263 FAX: 404/413-2221  
www.gsu.edu/es/veterans\_services.html



## Personal Information

Panther # / VA file number \_\_\_\_\_

Last name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ VA file number (if different from student ID number) \_\_\_\_\_

Street number (on file)  Check here if new address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Degree program \_\_\_\_\_ Major \_\_\_\_\_

Chapter #30

Continuing Student

Vocational Rehabilitation / Chapter #31

Transfer Student

VEAP / Chapter #32

(AND) 

New Student

Veteran's Dependent / Chapter #35

Transient Student

Reservist / Chapter #1606

Cross Registration Student

REAP / 1607

Chapter #33 (Post 9/11)

Are you on active duty?  Yes  No

Last Semester Certified \_\_\_\_\_

## Information on Certifying Semester

Please indicate term you are requesting benefits for by circling one of the following: **FALL** **SPRING** **SUMMER**

Indicate the year here \_\_\_\_\_.

**Total hours enrolled this term** \_\_\_\_\_. (If summer, indicate number of hours for May \_\_\_\_\_ and/or June \_\_\_\_\_.)

Are you requesting advance payment? Circle **YES** or **NO**.

**\* Please note that MGIB benefits cannot be applied to courses that do not meet your degree requirements.**

I understand that it is my responsibility to notify the Georgia State University Veteran Services Section each term that I am enrolled for classes and of any subsequent changes to my schedule during the term. Failure to do so may adversely affect my MGIB benefits.

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