

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

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 _____