



UNIVERSITY OF
GEORGIA

Veterans Educational Services
Office of the Registrar

Phone: 706-542-1842
Email: va@uga.edu

Name: _____

Student ID # _____

My benefits chapter is (check one):

Chapter 30 (Former/Current Active Duty)

Chapter 31 (Vocational Rehabilitation)

Chapter 33 (Post 9/11)

Chapter 35 (Dependent)

VA File# _____

Chapter 1606 (Reserve/Guard)

Chapter 1607 (Activated Reservists)

Start Term: _____

I am a (check one):

Veteran _____

Dependent _____

Spouse _____

Active Duty _____

I am a (check one):

Freshman Student _____

Continuing Student _____

Transfer Student _____

Returning Student _____

-You must submit a 22-1995 form

Graduate Student _____

CERTIFICATION INFORMATION

I acknowledge and understand that I may only be certified for classes that satisfy requirements for my degree program. It is my responsibility to notify the Veterans Services Office at UGA of any change in my course load, in a timely manner, so that my benefit can be reassessed. If I add/drop/withdraw from a benefit-eligible class after the add/drop deadline, and tuition/fees have already been reported, I may be required to repay any fees incurred. I am responsible for all debts resulting from reductions or terminations of enrollment. Continuously enrolled students will have their certifications automatically renewed each semester while in attendance at UGA. Students wishing to not use their VA benefits for any given term must notify the Veterans Services Office at UGA to stop and or restart benefits.

I acknowledge that I understand student responsibilities listed above

STUDENT SIGNATURE _____ **DATE** _____