

Student's Signature\_\_\_\_

Veterans Resource Center GMT 104

University Park, IL 60484 Office: 708-235-7597

Fax: 708-235-7632 Email: veterans@govst.edu

\_\_\_\_\_Date \_\_\_\_\_

## Veterans Benefit Form: Fall 2019 - Summer 2020

Print Name	GSU ID#	
Indicate the term you are enrolling for benefits:	Last 4 Digits of VA File Number	
FA SP SU	(Social Security # for all VA Chapters except CH35)	
Instructions:		
Complete the Benefit Certification section below. Check		
	rent term schedule and sign and date the signature line.	
Your academic advisor/counselor <b>must complete and sigr</b> requirement is exempted for students using only IVG, ING, or NOnce completed, return this document to the Veterans Resource.		
Policies:		
	It that requires repayment. <b>A new, seperate copy of this</b> ts. Inds the annual cost of attendance limit for financial aid at GSU. In a reduction of funds for other types of aid awarded to you through the	
Benefit Certification: Indicate the program in which you are a	pplying for benefits:	
□ Chapter 33: Post 9/11 GI Bill		
□ Chapter 30: Montgomery GI Bill-Active Duty		
☐ Chapter 1606: Montgomery GI Bill Selected Reserve		
□ Chapter 1607: Reserve Educational Assistance Program (R	EAP)	
□ Chapter 31: Vocational Rehabilitation and Employment		
□ Chapter 32: Post-Vietnam Veterans' Educational Assistance	Program (VEAP)	
□ Chapter 35: Survivors' & Dependents' Educational Assistar	ce	
☐ Illinois MIA/POW Scholarship		
□ Illinois Veterans Grant (IVG)		
□ Illinois National Guard Grant (ING)		
Registered Courses:		
COURSE NAME COURS	ENUMBER SECTION	

## STUDENTS DO NOT COMPLETE - FOR ACADEMIC ADVISORS ONLY

Certification and Signature by Academic Advisor/Counselor (Not required for IVG, ING, or MIA/POW only benefit election)

The advisor/counselor verifies the courses in which the applicant is enrolled that are specifically required for degree or certificate completion. Failure to supply verification will result in monthly check delays and/or overpayment of benefits.

**Enrolled Courses Required for Applicant's Program:** 

COURSE NUMBER	NUMBER OF CREDITS	REPEATED COURSE
Prior Credit Evaluation: The VA requires that previous coursework and experience credit al requirements be reported. This information is needed for veteran evaluation.	•	_
Creditallowedtowarddegreeorcertificateprogramfromallprevious	ous coursework or experience c	redit:
Required hours needed to complete the degree or certificate at GS	SU:	
Academic Advisor Signature		Date