

Veterans Resource Center GMT 104

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

Fax: 708-235-7632

Email: veterans@govst.edu

Veterans Benefit Form: Fall 2020 - Summer 2021

Print Name		GSU ID#	
Indicate the term you are enrolling for benefits:	Last 4 [Digits of VA File Number	
FA SP SU	(Social S	(Social Security # for all VA Chapters except CH35)	
Instructions:	(500,01.5	county in for all the chapters except choop	
• Complete the Benefit Certification section below.	Check off any boxes for	the benefit(s) you may be using.	
 Complete the Registered Courses section using yo 	ur current term schedul	e and sign and date the signature line.	
Your academic advisor/counselor must complete an requirement is exempted for students using only IVG, INC.	G, or MIA/POW for the tern	n.	
Once completed, return this document to the VeteransPolicies:	Resource Center III Toolii C	ivi 104 or email veterans@govst.edu.	
 This form should be completed once you have finalized y adjustment to your benefits, which may lead to an overp form must be completed every semester to apply your leads to some the completed every semester to apply your leads of Attendance: The benefits listed below all accrue Substantial funding amounts from your benefits may refinancial aid office. You will be notified of any changes 	ayment that requires repay benefits. e towards the annual cost esult in a reduction of fund	ment. A new, seperate copy of this of attendance limit for financial aid at GSU. Is for other types of aid awarded to you through the	
Benefit Certification: Indicate the program in which yo	u are applying for benefits	:	
□ Chapter 33: Post 9/11 GI Bill			
☐ Chapter 30: Montgomery GI Bill-Active Duty			
☐ Chapter 1606: Montgomery GI Bill Selected Reserve			
☐ Chapter 31: Vocational Rehabilitation and Employme	ent		
☐ Chapter 35: Survivors' & Dependents' Educational As			
□ Military Tuition Assistance			
□ Illinois Veterans Grant (IVG)			
□ Illinois National Guard Grant (ING)			
Registered Courses:			
COURSE NAME (COURSENUMBER	SECTION	
By signing below I am acknowledging that I have read and agreor dropping classes after submitting this benefit request form payment. I understand that election of Chapter 33 certification	may cause a balance due to	the university and/or VA and I may be responsible for	
Student's Signature		Date	

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