



Veterans Resource Center  
 GMT 160  
 University Park, IL 60484  
 Office: 708-235-7597  
 Fax: 708-235-7632  
 Email: veterans@govst.edu

## Veterans Benefit Form: Summer 2017

Print Name \_\_\_\_\_ GSU ID# \_\_\_\_\_

Indicate the term you are enrolling for benefits:

FA \_\_\_\_\_ SP \_\_\_\_\_ SU \_\_\_\_\_

VA File Number : \_\_\_\_\_

(Social Security # for all VA Chapters except CH35)

### Instructions:

- Complete the Benefit Certification section below. Check off any boxes for the benefit(s) you may be using.
- Complete the Registered Courses section using your current term schedule and sign and date the signature line.
- Your academic advisor/counselor **must complete and sign** the Academic Advisor Certification section on the back of this form. This requirement is exempted for students using only IVG, ING, or MIA/POW for the term.
- Once completed, return this document to the Veterans Resource Center in room GMT 160 or email Veterans@govst.edu.

*Please complete these documents after you have finalized your registration for the term. Failure to do so may result in an adjustment to your benefits, from the beginning of the term, which may lead to an overpayment and requires repayment.*

***This form must be completed for every semester you wish to apply your benefits.***

**Benefit Certification:** Indicate the program in which you 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 1607: Reserve Educational Assistance Program (REAP)
- Chapter 31: Vocational Rehabilitation and Employment
- Chapter 32: Post-Vietnam Veterans' Educational Assistance Program (VEAP)
- Chapter 35: Survivors' & Dependents' Educational Assistance
- Illinois MIA/POW Scholarship
- Illinois Veterans Grant (IVG)
- Illinois National Guard Grant (ING)

### Registered Courses:

COURSE NAME	COURSE NUMBER	SECTION

By signing below I am accepting responsibility for any overpayment resulting from inaccurate or false information on this form. I understand that adding and or dropping classes may cause a balance due to the university and/or VA and I may be responsible for payment. I further understand that election of Chapter 33 is irrevocable. I certify that the information provided is true and correct.

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 allowed toward the completion of degree or certificate requirements be reported. This information is needed for veteran benefits and is not intended as an official academic credit evaluation.

Credit allowed toward degree or certificate program from all previous coursework or experience credit: \_\_\_\_\_

Required hours needed to complete the degree or certificate at GSU: \_\_\_\_\_

\_\_\_\_\_  
Academic Advisor Signature

\_\_\_\_\_  
Date