



# Augusta University Veteran Information Form



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Student ID: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_ Post-BACC: \_\_\_\_\_

E-mail: \_\_\_\_\_ @augusta.edu/Alternate E-mail: \_\_\_\_\_

Academic Major: \_\_\_\_\_ Minor (if required): \_\_\_\_\_

Are your benefits a transfer of eligibility:  Yes  No If yes:  Spouse  Child

Are you using: HOPE: \_\_\_\_\_ TA: \_\_\_\_\_ Other scholarships: \_\_\_\_\_

**VA Educational Benefit:** (please list the amount of hours you are registered for)

Chapter 33 (Post 9/11): \_\_\_\_\_ Chapter 31 (Voc Rehab): \_\_\_\_\_

Chapter 30 (Montgomery GIBILL): \_\_\_\_\_ Chapter 1606: \_\_\_\_\_

Chapter 35 (DEA): \_\_\_\_\_ Chapter 1607: \_\_\_\_\_

Chapter 35 Sponsor SSN/VA File: \_\_\_\_\_

I understand that if VA does not pay for classes or any part thereof, I the student am responsible for anything not paid by the VA \_\_\_\_\_

I understand and accept my obligation to comply with AU and VA regulations, policies, and procedures as stated in the current university catalog, VA literature, and Office of Military and Veterans Services instructions. \_\_\_\_\_

I will notify the MVS Office promptly of any change in major and complete the appropriate paperwork **(Failure to complete the required paperwork may result in slow or no payment from the VA).** \_\_\_\_\_

I authorize the VA certifying official of this university to change my school records here at the university or with VA to match what has transpired during my time at the university. \_\_\_\_\_

**Advanced Pay:** You must be at least half time or more and out of school for one complete calendar month to eligible. I am requesting advanced pay for \_\_\_\_\_ (Post 9/11 is not eligible)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_