



Veterans Affairs Benefits Request Form

This form must be completed and returned to the Office of the Registrar prior to the start of classes. It must be completed at least twice each academic year. Once for the Fall/Spring semesters and a separate form for the Summer semester. Failure to return this form could delay the receipt of your benefits. Questions regarding the information required on this form should be forwarded to the Veterans Benefit Officer in the Office of the Registrar.

814
University Identification Number (UIN)

Veteran File Number

 Last Name First Middle Daytime Telephone

 Street Address City State Zip

 Email Address
Student Status:

 Degree Major Concentration (If Applicable)

Undergraduate Student Graduate Student Enrolled as a non-degree student

Accepted for admission as: Beginner Transfer (Transfer Hours _____)

Readmitted after non-attendance for 3 or more semesters.

Continuing Student at Florida Gulf Coast University

VA Benefit Status:

Veteran, Chapter 30 Post 9/11, Chapter 33 In-Service, Chapter 32

Voc.Rehab, Chapter 31 Dependent, Chapter 35 Test Program, 901 or 903

In-Service, Chapter 32 Selected Reserve Other _____

Last date certified for benefits: _____ Where _____

Is this a change in Place of Training Program Type of Benefits

Enrollment Status:

Semester _____ Credit Hours _____ Session (Summer) _____

Dually enrolled at _____ for _____ credit hours.

Transient Student from _____ College/University.
 (Attach consent letter from Primary Educational Institution)

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INQUIRE CONCERNING VA REGULATIONS. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND AGREE TO PROMPTLY NOTIFY THE SCHOOL AND VA OF ANY CHANGE IN HOURS OR PROGRAM.

 Signature Date