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.

81__________________________  ___________ ____________________________
University Identification Number (UIN)  Veteran File Number

Last Name       First       Middle       Daytime Telephone

Street Address
     Zip
City       State

FGCU Email Address

Student Status:

Degree       Major       Concentration (If Applicable)

☐ Undergraduate Student  ☐ Graduate Student  ☐ Enrolled as a non-degree student
☐ Accepted for admission as:  ☐ Freshman  ☐ Transfer (Transfer Hours______________________)
☐ Readmitted after non-attendance for 3 or more semesters.  ☐ Continuing Student at Florida Gulf Coast University

VA Benefit Status:

☐ MGIB, Chapter 30  ☐ Post 9/11, Chapter 33  ☐ Post 9/11 TEB, Chapter 33 Dependent
☐ In-Service, Chapter 32  ☐ V.A. Voc.Rehab, Chapter 31  ☐ DEA, Chapter 35
☐ Selected Reserve/ Nat’l Guard  Chapter 1606  ☐ Other __________________________

Last date certified for benefits:__________________________ Where ____________________________

Is this a change in ☐ Place of Training  ☐ Program  ☐ Type of VA 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 ____________________________

ORR 08/2014