



Augusta University Veteran Information Form



Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

Student ID: _____ SSN (Last four only): _____

Phone Number: _____ Undergraduate: _____ Graduate: _____ Post-BACC: _____

E-mail: _____@augusta.edu Alternate E-mail: _____

Academic Major: _____ Minor (if required): _____

Are you currently a Veteran _____ Active Duty _____ Transfer of Eligibility _____

If you are a transfer of eligibility, are you the: _____ Spouse _____ Child _____

Are you using: HOPE: Yes/No _____ TA: Yes/No _____ Other scholarships: _____

Failure to provide HOPE information may result in an erroneous refund and create a debt that the student will be required to pay back to the institution.

VA Educational Benefit:

Chapter 33 (Post 9/11): _____

Chapter 31 (Voc Rehab): _____

Chapter 30 (Montgomery): _____

Chapter 1606: _____

Chapter 35 (DEA): _____

Chapter 35 Sponsor SSN/VA File (Last four only): _____

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 _____(Initial)

I understand the VA does NOT pay for courses that are not requirements in my declared major/minor and will NOT pay for repeated courses unless a higher grade is required to satisfy degree requirements; therefore, I, the student, am responsible to pay for courses I take that are not required or repeated. _____ (Initial)

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. _____ (Initial)

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). _____(Initial)

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. _____ (Initial)

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: _____