GHC
GEORGIA HIGHLANDS COLLEGE

VETERANS ENROLLMENT FORM

Full name (print) _____

Address_____
Street

_____
City State Zip Code

GHC ID#: _____ **Program of Study** _____

Email Address _____ **Phone #**_____

Are you currently on Active Duty? ☐Yes ☐No **Is this the first time using benefits?** ☐Yes ☐No

Are you the Veteran? ☐Yes ☐No using **Dependent benefits?** ☐Yes ☐No or **Spouse benefits?** ☐Yes ☐No

If you are NOT the Veteran, please provide the VA File # of the Veteran: _____

Are you a TRANSIENT STUDENT? ☐Yes ☐No **If yes, list your home school** _____

What type of benefits are you using?

_____Chapter 30 Montgomery GIBill MGIB-AD
_____Chapter 33 - POST 9/11 GI BILL _____%
_____Chapter 1606 Selected Reserve MGIB-SR
_____Chapter 31–Vocational Rehabilitation
_____Chapter 35 -DEA Spouse/Child Benefits
_____Other: _____

Please list the term and the number of semester hours you are requesting to receive VA benefits:

Semester	Planned Semester Hours
_____	_____

*** EACH SEMESTER, a copy of this form must be submitted to the GHC VA Representative.**
Failure to complete this form will result in cancellation of VA certification and benefits received.
If you have any questions about the details of your benefits, contact the VA Office at 1-888-442-4551.
Any changes made to your planned semester hours should be reported to *va@highlands.edu*

I give GHC the authority to certify my enrollment with the Dept. of Veterans Affairs for Education Benefits.

Signature :_____ ***Date*** _____