Memorandum

To: VA Students

From: Carla Tiu
Georgia Tech Veterans Benefits Coordinator

Subject: Veterans Benefits Certification Process

The goal of the Georgia Tech Veterans Benefits Office is to certify you so you receive your benefits in a timely manner. The Department of Veterans Affairs (DVA) office has a set of guidelines that must be followed in order to process your certification. In an effort to streamline the certification process and satisfy the DVA auditors, please note the following:

1. **YOU ARE RESPONSIBLE FOR ASSURING THAT YOU ARE CERTIFIED**

2. You **MUST** notify the Georgia Tech Veterans Benefits Coordinator each term that you wish to be certified via one of the following:
   - E-mail: veterans@registrar.gatech.edu
   - Telephone: 404-894-4150
   - Fax: 404-894-0167
   - Office location: Room 104 of the Tech Tower (Administration Building)

3. **Certifications will be processed once you have notified the Georgia Tech Veterans Benefits Coordinator that you want to be certified.** Once you have notified the Georgia Tech Veterans Benefits Office that you wish to be certified, the Georgia Tech Veterans Benefits Coordinator will verify your schedule and certify you for the number of valid credit hours for which you are enrolled. The DVA does not pay for audit hours.

4. If you make any changes to your schedule after the drop/add period, or withdraw from school, you must notify the Georgia Tech Veterans Benefits Coordinator immediately so that the change can be reported to the DVA. **You MUST complete a Course Drop/Withdrawal Explanation form.** This is a DVA requirement and is part of the certification process. **Note: Even if dropping classes does not affect the amount of your check, it must be reported.**

5. If you make **ANY** changes to your schedule, major, address, etc., you **MUST** notify the Georgia Tech Veterans Benefits Coordinator immediately.

6. For additional information, please refer to the Department of Veterans Affairs website at http://www.gibill.va.gov/ or the Office of Registrar’s webpage at http://www.registrar.gatech.edu/veterans.htm

Thank you for your attention. Our office looks forward to working with you.
VA File Number: _____________________________  gtID#: ____________________

Name: __________________________________________________________________
                     Last      First    Middle
Address: _______________________________
                     __     ___________________________
                     __     ___________________________

Phone: ________________________               Level: ______   _____
                     (U n d e r g r a d )   (G r a d )
Email: _________________________________  Major:  _____________

Have you ever received VA benefits at another school?  Yes _____  No ______

I AM CLAIMING BENEFITS UNDER: (Check one only)
Post-9/11 (CH33)     ____
VEAP (CH32)         ____
REHAB (CH31)        ____
Montgomery GI Bill (Selected Reserve CH1606)   ____
REAP (CH1607)     ____
Montgomery GI Bill
Discharged from Active Duty CH30              ____
Active Duty CH30       ____
Dependants’ Educational Assistance (CH35):      Survivor ____
                                Dependant ____

PLEASE CHECK ALL OF THE FOLLOWING THAT ARE APPLICABLE:
In-state fees    ____
Out of state fees ____
Transfer student  ____
Co-op student    ____
Readmission      ____
Video student    ____
Transient student ____

**PLEASE NOTE:** The VA does NOT pay for audit hours.  It does pay for pass/fail and incompletes.

Be sure to email your gtID# and name to the Georgia Tech Veterans Benefits Coordinator upon completion of registration each term.

Please remember to notify your Georgia Tech Veterans Benefits Coordinator of any changes in your academic load, your major, address, etc.  Drop/Withdrawal Explanation forms and Change of Major forms MUST by signed by your Georgia Tech Veterans Benefits Coordinator in addition to any other required signatures.

I HAVE READ THE ABOVE INFORMATION AND THE CERTIFICATION PROCESS MEMO.
I UNDERSTAND MY OBLIGATIONS WITH REGARD TO VA EDUCATIONAL BENEFITS.

Signature _____________________________________________  Date ___________