



A unit of the Department of Technical and Adult Education

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 Augusta, Georgia 30906
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 Fax: 706-771-4034
 www.augustatech.edu

OFFICE USE ONLY					
<input type="checkbox"/> VA30	<input type="checkbox"/> VA35	<input type="checkbox"/> VA1606	<input type="checkbox"/> VRAP	Date Received: _____	<input type="checkbox"/> MAKE
<input type="checkbox"/> VA33	<input type="checkbox"/> VA31	<input type="checkbox"/> VA1607	<input type="checkbox"/> TRANS	_____	<input type="checkbox"/> FILE
ATC STUDENT ID NUMBER			Date Issued: _____	Received By: _____	<input type="checkbox"/> VADATA
9	0	0			<input type="checkbox"/> VAONCE

Veteran/Dependent Enrollment Certification Request

Student's Last Name	First	MI	Social Security Number											
			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>											
Cell Phone (area code + number)		Home Phone												
Street Address			Apt/Suite No.											
City	State	Zip Code												
E-mail Address														

Term for Certification of Enrollment: Fall _____ Spring _____ Summer _____

Program of Study: _____

Check VA Chapter:

<input type="checkbox"/> Chapter 30: Montgomery G.I. Bill	<input type="checkbox"/> Chapter 31: Vocational Rehabilitation	<input type="checkbox"/> Chapter 1606: Reserve/Guard
<input type="checkbox"/> Chapter 35/DEA: Dependent/Spouse	<input type="checkbox"/> VRAP: Veterans Retraining Assistance Program	
SSN of Veteran _____	<input type="checkbox"/> Chapter 1607/REAP: Reserve Education Assistance Program	

I am applying as a Dependent Spouse

Have you ever used your G.I. Bill Benefits at Augusta Technical College? YES NO

Are you currently enrolled at another college as of today's date? YES NO

Please list below all colleges, technical, or business schools attended:

Have you ever used your VA benefits at another school? YES NO

If you answered YES, please complete the "Request for Change of Program or Place of Training" (VA Form 22-1995 for Veteran/Reservist OR VA form 22-5495 for Dependent/Spouse) of the VONAPP at www.gibill.va.gov.

PLEASE REVIEW THE FOLLOWING INFORMATION and initial by each:

Initials *I understand that...*

I understand that each semester I register, I am responsible for paying tuition and fees upfront (except for Chapter 33: Post 9/11 eligible at 100% --- In-State tuition only).
I must provide documentation of eligibility if I qualify for Post 9/11, VRAP, or Voc Rehab.
I understand that I am responsible for completing my semester registration by the deadline established by the Augusta Technical College certifying official. If I complete registration by this date, the VA office will automatically be notified of my enrollment.
I understand that I will only be certified for courses that will apply toward my current program at Augusta Technical College. If I drop, withdraw, or audit a course(s) my certification will be adjusted.
I understand that I am responsible for notifying the Augusta Technical College certifying official of any adjustments (add/drop(s) or withdraw) in enrollment within 3-5 business days via e-mail: slee@augustatech.edu or llouis@augustatech.edu or by submitting a copy of the Augusta Technical College "Add/Drop" form to the Financial Aid Office drop-box. I will also notify the Veteran's Office: 1-888-442-4551.

PLEASE SUBMIT YOUR COMPLETED DOCUMENTS TO THE FINANCIAL AID OFFICE *AFTER* YOU HAVE REGISTERED FOR CLASSES.

Signature: _____ Date: _____