VA REGISTRATION FORM TO RECEIVE BENEFITS

GI Bill Chapter you are us	sing (Please circle one):		
Chapter 33/Post 9-11	Chapter 30/Montgomery	Chapter 1606	Chapter 1607/REAP
Chapter 31/VocRehab	Chapter 35/Child of Disable	d/KIA VRAP	
front office and we will g for <u>each</u> semester that yo	rm is not completed in an ac et your advisor's signature o ou intend to use your benefit MUST CONTACT THE CAMPUS	n the form. A new fors. IF YOU DROP OR A	orm must be completed ADD CLASSES AFTER YOU
VETERAN'S INITIALS HERE:			
NAME	KENT STATE ID NUMBER		
PHONE #	KENT STATE EMAIL ADDRESS		@kent.edu
DECLARED MAJOR & DEC	GREE		
	OR: PLEASE VERIFY BY YOUR FOR THE STUDENT'S DECLARE		THAT THE FOLLOWING
COURSE	TITLE OF C	OURSE	CREDIT HOURS
(i.e. ENG-11011-660)	(i.e. College	Writing I)	(i.e. 3)
SEMESTER/YEAR	STUDENT'S SIGN	ATURE	

ACADEMIC ADVISOR'S SIGNATURE

DATE