

## VA REGISTRATION CARD

Semester you wish to receive GI Bill Benefits:  Fall  Spring  Summer Year: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Middle

Social Security Number \_\_\_\_\_

Kent State ID Number (located on your schedule) \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Preferred e-mail address \_\_\_\_\_

Total number of credit hours for this semester: \_\_\_\_\_

What type of benefits do you want me to certify for you?

- |   |  |
|---|--|
| <input type="checkbox"/> Post 9/11 GI Bill/Chapter 33 (Active Duty) | <input type="checkbox"/> Chapter 30 (Active Duty)            |
| <input type="checkbox"/> Chapter 1606 (National Guard)              | <input type="checkbox"/> Chapter 1607/REAP (Activated Guard) |
| <input type="checkbox"/> Chapter 31 (Disabled Veteran)              | <input type="checkbox"/> Chapter 35 (child of a veteran)     |

Are you taking classes at another campus this semester?  Yes  No

What is your major? (ex. Bachelor's in Business, Associates of Science, etc.)

\_\_\_\_\_



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