

Office of the Registrar

Request to Initiate VA Benefits at KGI

Name:	Social Security Number:
Phone Number:	Email:
Are you a veteran? Yes No	
Most recent branch of service:	Are you/they still active? Yes No
Current Mailing Address:	
Stree	et Number & Name, City, State, and Zip Code
Degree type at KGI:	Concentration:
What VA Benefit Program will you be using at KGI?:	
Note: If you are using Chapter 3 <u>5, th</u> e service member's VA File	e # is required. Please enter it here:
Semester you will begin to use VA Benefits at KGI:	
	Term Year
If you are using the Chapter 33:Post-9/11 GI Bill at the 10	00% benefit level, would you like to request to participate in the
Yellow Ribbon Program based upon eligibility? Y	res No N/A
Note: A designated school certifying official will contact you regarding the status of your request.	
Student Signature:	Date:
	egistrar along with a copy of your DD214 (if applicable) and a ou can deliver documents in person (Building 215, Room 100)

KGI Office of the Registrar | 535 Watson Dr, Claremont, CA 91711 | P 909.601.0109 | kgi.edu