KGI KECK GRADUATE INSTITUTE

Office of the Registrar

Request to Inititiate 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: _____

Street Number & Name, City, State, and Zip Code

What VA Benefit Program will you be using at KGI?:

Note: If you are using Chapter 35, the service member's VA File # is required. Please enter it here: _____

Degree type at KGI: _____ Concentration: _____

Semester you will begin to use GI Bill at KGI: _____ _____

Term *Year*

Student Signature: _____ Date: _____

Please return the completed form the Office of the Registrar along with a copy of your DD214 (if applicable) and a copy of your offical VA Certificate of Eligibility letter. You can deliver them in person (Building 215, Room 100), by fax 909.607.0109 or via e-mail at registrar@kgi.edu.