

Southern States University



VA Student Intake Sheet

Last Name: _____

First Name: _____

Middle: _____ Suffix: _____

Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Service

Branch: _____ Start Date: : _____ End Date: _____

Svc. #:: _____ Dependent:

Benefit Type:

Chap 33 (Post 9/11) Chap 30 (MGIB) Chap 31 (VocRehab)

1606 (MGIB SEL) 1607 (REAP) CHAP 35 (DEA)

Chap 33 (Post 9/11 Transferred to Dependents)

Program:

MSIT MBA BBA ABA Certificate Program

Accepted: _____ Input Date: _____ By: _____

Notes: _____