



**Southeastern**  
Baptist Theological Seminary

# Veteran's Benefit Information

*Please fill out this form completely and sign at the bottom. If you make any change in your schedule during the semester, please notify the VA Certifying Official in the Registrar's Office.*

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_

**SS #** \_\_\_\_\_

**Student ID** \_\_\_\_\_

**Degree Program** \_\_\_\_\_

## ***Note: Form must be submitted each semester\****

\* Please turn this form to the Registrar's Office with your semester registration, preferably 6-8 weeks prior to the start of the term.

**Totals for Summer 20\_\_**      **Hours:** \_\_\_\_\_  
*For Post 9/11 only ---*      *Tuition\*\** \_\_\_\_\_      *Fees\*\** \_\_\_\_\_

**Total for Fall 20\_\_**      **Hours:** \_\_\_\_\_  
*For Post 9/11 only ---*      *Tuition\*\** \_\_\_\_\_      *Fees\*\** \_\_\_\_\_

**Total for January 20\_\_**      **Hours:** \_\_\_\_\_  
*For Post 9/11 only ---*      *Tuition\*\** \_\_\_\_\_      *Fees\*\** \_\_\_\_\_

**Total for Spring 20\_\_**      **Hours:** \_\_\_\_\_  
*For Post 9/11 only ---*      *Tuition\*\** \_\_\_\_\_      *Fees\*\** \_\_\_\_\_

\*\* Click [HERE](#) for the Tuition and Fees Cost Estimator provided by Accounting Services. Please list these totals separately.

I affirm that the above information is correct and that I understand that I must notify the Certifying Official if I make any changes to my course schedule or change my degree program.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_