

REQUEST FOR VETERANS BENEFITS

Term to be certified: Fall Spring Summer Winter 20____

Name _____ Last 4 digits of SSN _____
(last) (first) (middle)

CSUN ID _____

Address _____ Date of Birth _____

(city) (state) (zip) Home Phone _____

E-Mail _____ Cell Phone _____

Benefit Requested (check one):

- Chapter 30
 Chapter 31
 Chapter 33 - Post 9/11 GI Bill Are you currently on Active Duty? Yes No
 Chapter 1606
 Chapter 1607
 Chapter 35 VA File # _____

(Dependents only - must complete for Ch 35)

Check one: ___ GRAD ___ UNDERGRAD ___ CREDENTIAL

List Major or Specific Credential: _____

Benefits last collected at: _____
(Complete only if benefits were collected at another institution)

Read and Initial:

_____ I understand it is my responsibility to submit documentation for benefits to the CSUN Office of Veterans Services.

_____ I understand that the VA will only pay for courses that are required for my degree at CSUN.

_____ I understand that it is my responsibility to complete this form **EVERY** term, with my original signature, if I want to receive benefits after registering for classes.

_____ I understand that if I change my class schedule (adding or dropping), I must notify the CSUN Office of Veterans Services within one week.

_____ I understand I will be financially liable for payment of fees not covered by the VA.

The information I provided on this form is true and correct:

Signature _____

Date _____