

Veteran Benefits Request Form – VBRF

This form is required for any student requesting enrollment certification of Veteran Educational Benefits for **every** quarter you wish to receive VA Benefits. This is to verify that units you are requesting to be certified for with the Department of Veteran Affairs **will apply towards your degree/major/minor requirements**. All students must notify the VA Certifying Official in the Office Of Financial Aid and Scholarships if ANY of your courses change or if you withdraw and/or apply for an incomplete (or extension for “I” grades) in any course. All students must further understand that any “NP” or other “non-punitive” grade(s) received will be reported to the VA and the student will be responsible for any overpayment/debt this may cause.

A. Student Information

Name	Perm Number
Email Address	Phone Number

B. Benefit Information

CLASS LEVEL: <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate	BENEFIT TYPE: <input type="checkbox"/> Ch. 33 – Post 9/11 G.I bill <input type="checkbox"/> Ch. 35 – Dependents Educational Assistance <input type="checkbox"/> Ch. 1606 – Reserve <input type="checkbox"/> Ch. 31 – Vocational Rehab <input type="checkbox"/> Ch. 30 – Montgomery G.I Bill	MILITARY CATEGORY: <input type="checkbox"/> Continuing Benefit Recipient <input type="checkbox"/> Returning Student <input type="checkbox"/> First time requesting benefits	Partial Certification Request For: <input type="checkbox"/> 90% <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60%
---	---	---	---

ADDITIONAL FUNDING SOURCES (CHECK ALL THAT APPLY, IF ANY):

Cal Vet Tuition Waiver
 Cal Grant
 Graduate Funding
 Health Insurance Waiver

C. Term, Course and Major Information

Quarter: FALL 20_____ WINTER 20_____ SPRING 20_____ SUMMER 20_____

Course Number	Course Title	Does this Course Fulfill: (major, minor, GE, other)	Units	Online Y/N	Summer Session

TOTAL UNITS: _____
 Current Major: _____
 Has your major changed in the past year: _____
 Is this a revision to a previously submitted course schedule for the term? _____

***If this is a proposed schedule and/or there are ANY changes in your enrollment at any time, please submit an updated and signed VBRF form. Failure to do so may result in delays of certifications for future quarters.**

Student Signature	Date
-------------------	------