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:

- Freshmen
- Sophomore
- Junior
- Senior
- Graduate

BENEFIT TYPE:

- Ch. 33 – Post 9/11 G.I bill
- Ch. 35 – Dependents Educational Assistance
- Ch. 1606 – Reserve
- Ch. 31 – Vocational Rehab
- Ch. 30 – Montgomery G.I Bill

MILITARY CATEGORY:

- Continuing Benefit Recipient
- Returning Student
- First time requesting benefits

Partial Certification Request For:

- 90%
- 80%
- 70%
- 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_______

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Does this Course Fulfill: (major, minor, GE, other)</th>
<th>Units</th>
<th>Online Y/N</th>
<th>Summer Session</th>
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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 __________