VETERANS EDUCATIONAL BENEFITS REQUEST FORM

FALL___ WINTER___ SPRING___ SUMMER___

PRINT NAME (LAST, FIRST MIDDLE) SOCIAL SECURITY NUMBER

CURRENT ADDRESS CITY STATE ZIP

EMAIL ADDRESS: ______________________________ PHONE: (_______)________________________

DECLARE PROGRAM MAJOR: _____________________________ DEGREE: __________

LAST SEMESTER OF ATTENDANCE AT
WEST VALLEY COLLEGE: (CHECK ONE)
☐ FALL ☐ SPRING ☐ WINTER
☐ SPRING ☐ WINTER

RECEIVED VA BENEFITS FOR ABOVE PERIOD? ☐ YES ☐ NO

CURRENTLY ENROLLED AT ANOTHER COLLEGE? ☐ YES ☐ NO

DO YOU WISH TO RECEIVE ADVANCED PAYMENT? ☐ YES ☐ NO

TYPE OF VETERANS’ EDUCATION BENEFITS:
☐ Chapter 30 MONTGOMERY G.I. BILL ☐ Chapter 35 SURVIVORS AND DEPENDENTS
☐ Chapter 31 VOCATIONAL REHABILITATION ☐ Chapter 106 MONTGOMERY BILL- RESERVIST
☐ Chapter 33 POST 911 G.I. BILL ☐ OTHER (SPECIFY) _______________________________

PLEASE INITIAL EACH STATEMENT AND SIGN BELOW:

_____ I hereby state that I am or will plan to enroll in ______ units for the above semester.

_____ I am requesting educational benefits and I understand that I will only receive benefits for the courses listed in my Counseling Statement (list of program course requirements) as approved by a college counselor.

_____ Further, I will notify the Financial Aid Office of any changes (i.e. units courses, address, phone number etc.) that may affect my educational benefits. Failure to do so may jeopardize my receipts of benefits for the semester.

_________________________________________ ____________________
SIGNATURE DATE

☐ AIDE ☐ STAL ☐ CHAP. 33 LIST
### Initial Listing of Courses Enrolled

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Units</th>
<th>Period</th>
<th>Late Start</th>
<th>Not in Plan (NIP)</th>
<th>Add Date</th>
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Total Units: __________

### Advisor’s Final Verification

Initial Certification:

Date

Number of Units

Updated Certification:

Date

Number of Units

Comments:

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