Veteran Benefits Request
Summer 2016

STUDENT/EMPL ID NUMBER

MAJOR

STUDENT NAME: ____________________________
LAST                                                     FIRST                                            M.I.

☐ UNDERGRADUATE   ☐ GRADUATE   ☐ OTHER: ____________________________

CAL POLY EMAIL (MANDATORY)                                                              PHONE

SUMMER 2016 - for each session, state the number of units you are enrolling

<table>
<thead>
<tr>
<th>Session</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st 5 wk</td>
<td></td>
</tr>
<tr>
<td>2nd 5 wk</td>
<td></td>
</tr>
<tr>
<td>8 wk</td>
<td></td>
</tr>
<tr>
<td>10 wk</td>
<td></td>
</tr>
</tbody>
</table>

If Chapter 33/Post 911-GI Bill, check appropriate box: ☐ Veteran    ☐ Dependent

I acknowledge my responsibility to report changes made to enrolled units, major, concentration, or approved technical electives, etc., to the School Certifying Official.

SIGNATURE ____________________________ DATE ____________

The Family Education Rights & Privacy Act of 1974 forbids disclosure of certain information from our records to any individual without specific written consent of the Veteran.

OFFICE USE

VA ONCE    ______
PS SERVICE INDICATOR  ______
CHECKLIST TO SA    ______