

Veteran Benefits Request

Fall 2017 through Summer 2018

OFFICE USE

STUDENT/EMPL ID NUMBER

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MAJOR

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☐ UNDERGRADUATE ☐ GRADUATE ☐ OTHER: _____

STUDENT NAME: _____
LAST FIRST M.I.

ADDRESS: _____
STREET CITY STATE ZIP

CAL POLY EMAIL (MANDATORY)

PHONE

**For the entire academic year, indicate all terms
you plan to use your benefit**

Fall
2017

☐

Winter
2018

☐

Spring
2018

☐

Summer
2018

☐

Chapter/Benefit

☐

30/MGIB

☐

**31/VOC
REHAB**

☐

33/POST 9-11

☐

35/DEA

☐

**1606/MGIB-
SR**

☐

1607 REAP

If using Chapter 33/Post 9-11-GI Bill, check appropriate box:

☐

Veteran

☐

Dependent

I acknowledge it is my responsibility to report changes made to my 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 ONLY

PS SVC IND
STU ACCOUNTS
VA ONCE

FALL

WTR

SPR

SUM

