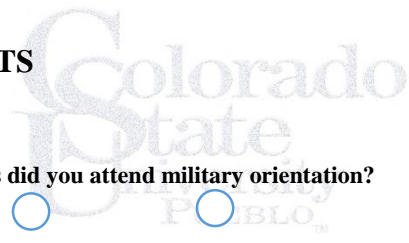


VETERANS AND DEPENDENT EDUCATION BENEFITS ENROLLMENT FORM



Request for Enrollment Verification

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Are you a new student?

Yes No

If yes did you attend military orientation?

Yes No

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On Campus	Online	Extended Studies

Student PID: _____

Anticipated Date of Graduation: _____

Email: _____

Academic Program: _____

Are you currently enrolled in another institution?

Yes No

Term: (eg. Spring 2017)

<p>Are You Receiving In-State Tuition Rates?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Recently Applied</p>	<p>Currently Active Duty?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
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<p>Status:</p> <p><input type="radio"/> Undergraduate <input type="radio"/> Graduate</p>
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Are you planning to change your Major? Yes No

Select your VA Education Benefit		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chapter 30 (Montgomery GI Bill)	Chapter 1606 (Reserve/Guard)	Chapter 31 (Voc Rehab)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chapter 33 (Post 911)	Chapter 33 (Yellow Ribbon)	Chapter 35 (DEA)

Forms Completion Check-List

- Proof of Eligibility (COE)
- Veterans Education Benefits Disbursement Release Form
- VA Form 22-1990 (Ch33-New)
- In-State Tuition Form
- DD-214 (Member 4 Form)
- VA Form 22-1995 (Ch33-Transfer)
- VA Form 22-5490 (Ch35)

Student Responsibilities

- _____ I am requesting the CSU VEB Office to certify my enrollment with the VA for this term. Unless specified above, I request my entire enrollment for this term to be certified with the VA.
- _____ Once the Request for Enrollment Verification is submitted, I understand that it is my responsibility to notify the VEB of any changes in my enrollment and/or program. Any change in primary program requires a "Change of Program or Place of Training" form before certification can be completed.
- _____ I acknowledge that resident rates and payments are my responsibility as well as knowledge of VEB policies. This includes, but is not limited to residency waivers and the College Opportunity Fund (COF).
- _____ I understand changes in enrollment may result in a debt to the school and/or the VA. Any debts will be my responsibility to resolve.
- _____ I understand that VEB can only certify enrollment with the VA for courses which meet my program/degree requirements.
- _____ If I am an "undeclared" student, I understand that my enrollment can only be certified with the VA for two semesters. Before my enrollment can be certified before the third semester, I must declare a VA approved program.
- _____ I acknowledge understanding of the above statements. All information provided is true and correct and I acknowledge understanding of the above statements. All information provided is true and correct.

_____ Print Name (Last, First M.)

_____ Sign

_____ Date