VETERANS EDUCATIONAL BENEFITS REQUEST FORM

FALL____  WINTER____  SPRING____  SUMMER____

____________________________________________________

PRINT NAME (LAST, FIRST MIDDLE)  West Valley ID #

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  ☐ SUMMER

Received VA Benefits for the above period?  ☐ YES  ☐ NO

Currently enrolled at another college?  ☐ YES  ☐ NO

Applying for Financial Aid?  (Post 9/11 GI Bill only)  ☐ YES  ☐ NO

Type of Veterans' Educational 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 on my Veteran’s Ed-Plan.

_____ Further, I will notify the Financial Aid Office of any changes (i.e. unit’s courses, Failing grades, address phone number etc.) that may affect my educational benefits. Failure to do so may jeopardize my receipt of benefits and/or create an over payment to the Veterans Affairs.

______________________________________
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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</table>

**Total Units:**

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### Advisor’s Final Verification

**Initial Certification:**

Date

Number of Units

**Updated Certification:**

Date

Number of Units

**Comments:**

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**Print STSC:**

**Print SASM:**

Initials:

**Drop Date:**

**Date of Enrollment Report:**

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