

## REQUEST FOR VETERANS BENEFITS

Fall 20\_\_ Winter 20\_\_ Spring 20\_\_ Summer 20\_\_

Name \_\_\_\_\_ Social Security# \_\_\_\_\_  
(last) (first) (middle)

CSUN ID \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
(city) (state) (zip) Home Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Benefit Requested (check one):

\_\_\_\_ Chapter 30

\_\_\_\_ Chapter 35 VA File # \_\_\_\_\_  
(dependents only - must complete for Ch 35)

\_\_\_\_ Chapter 1606

\_\_\_\_ Chapter 1607

Check one: \_\_\_\_ GRAD \_\_\_\_ UNDERGRAD \_\_\_\_ CREDENTIAL

List Major or Specific Credential: \_\_\_\_\_

Benefits last collected at \_\_\_\_\_  
(complete only if enrollment is other than CSUN)

I understand that educational benefits will be paid only for courses that are applicable toward my declared major program. I understand that my VA benefits are based upon the number of units I am enrolled in, and that any changes in my enrollment (adds/drops) must be reported to the Veterans representative immediately. The information on this form is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* Submit after registering for courses to activate Veterans' Benefits\*\*\*