CSUN® | CALIFORNIA STATE UNIVERSITY NORTHRIDGE

VETERANS AFFAIRS
Office of Admissions and Records
Bayramian Hall, Room 150
18111 Nordhoff Street
Northridge, CA 91330-8207
(818) 677-5928

Request for Veterans Education Benefits

This form is not required if you request benefits online using the "For Veterans" box in myNorthridge Portal (preferred method). Complete this form for EVERY TERM—winter, spring, summer and fall—in which you want to receive benefits and submit it to the CSUN Veterans Affairs Office **after** enrolling in classes.

Avoid entering personal information on public computers and/or public wireless access points.

Term Applying For (e.g., Summer 2021, Fall 2021, Spring 2022): _____

CSUN ID: _____

Date of Birth (MM/DD/YYYY): _____

First Name: _____ **Middle:** _____ **Last Name:** _____

Address: _____ **Apt/Unit #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Area Code + Telephone: _____ **Email:** _____

Benefit Requested (check one):

- ☐ Chapter 30 - Montgomery GI Bill® Active Duty (MGIB-AD)
- ☐ Chapter 31 - Vocational Rehabilitation & Employment (VR&E)
- ☐ Chapter 33 - Post-9/11 GI Bill®
- ☐ Chapter 35 - Survivors & Dependents Educational Assistance Program (DEA) **VA File #:** _____
- ☐ Chapter 1606 - Montgomery GI Bill® Selected Reserve (MGIB-SR)
- ☐ Chapter 1607 - Reserve Educational Assistance Program (REAP)

Student Level (check one): ☐ Graduate ☐ Undergraduate ☐ Credential

List Major or Specific Credential: _____

☐ I have previously received VA education benefits. Please list only the last non-CSUN institution:

_____

I understand that (1) if I am registered solely in hybrid or online courses my benefits may be affected, and I will verify this with the U.S. Department of Veterans Affairs; **(2)** it is my responsibility to submit documentation for benefits to the CSUN Office of Veterans Affairs; **(3)** the VA will only pay for courses required for my degree at CSUN; **(4)** it is my responsibility to complete and submit this form after enrolling in classes for every term in which I want to receive benefits; **(5)** if I change my schedule (add/drop), I must notify the CSUN Veterans Affairs representative within one week; and **(6)** I will be financially liable for payment of fees not covered by the VA.

I understand and agree to the above conditions, and that the information provided herein is true and correct.

Signature: _____ Date: _____