



Request for Veterans Education Benefits

This form is not required if you request benefits online using the [Request my VA Benefits module in the CSUN 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 2024, Fall 2024, Spring 2025): _____ 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: _____