California Baptist University

REQUEST TO BEGIN VETERANS EDUCATIONAL BENEFITS

Student ID# | Social Security Number | VA File Number (if different than SSN)

First name | Last | Middle

Address | City | State | Zip

Home Phone | Work (or cell) Phone | email address

- Under what Chapter will you be applying? (Please circle one) Ch. 30 Ch. 33 Ch. 35 Ch. 1606 Ch. 1607
- Are you applying for benefits as a: ☐ Veteran ☐ Dependent Spouse ☐ Dependent Child
- Are you currently Active Duty: ☐ Yes ☐ No ☐ N/A If no, last date of service: _____
- Have you received Veterans Educational Benefits before (If yes, an official VA Change in Place of Training form is required)? ☐ Yes ☐ No If yes, what institution? _____
- First semester at California Baptist University: _____
- Under what program are you enrolling? ☐ Undergraduate ☐ Graduate
- For students enrolling in the Undergraduate Traditional Program: Will you be using CBU's Health Insurance?

  ☐ Yes ☐ No, I will be submitting proof of health insurance each semester. ☐ N/A
- List your current major: _____

Completion of this form does not qualify you for Veteran Educational Benefits**. It is your responsibility to submit this completed form along with <u>all necessary paperwork</u>.** Your enrollment will not be submitted to the Veterans Affairs office until you have been accepted for admission at California Baptist University and enrolled in courses. Your enrollment will be automatically certified to the VA each semester as long as the course work is degree application and eligible for certification. If you do not want your enrollment certified for a semester, it is your responsibility to notify the Veterans Certifying Official in writing before registering for the semester. It is your responsibility to notify the Veterans Certifying Official at CBU anytime you change your major, minor, or concentration. Failure to inform the Veterans Certifying Official of any changes to major, minor, or concentration may result in a delay of certification which may then result in a delay of payment.

Student Signature | **Date**

OFFICE USE ONLY

- ❑ VA Application or Change in Place of Training
- ❑ DD214 or NOBE or COE
- ❑ CX Data Entry "V" or "D"
- ❑ Transcripts
- ❑ Degree Guide

Notes: _____