

VETERAN REQUEST FOR BENEFITS FOR CURRENT ACADEMIC YEAR

NAME: _____ CHAPTER#: _____

STUDENT ID#

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CALPOLY EMAIL (MANDATORY): _____

PHONE: _____

YOU MUST ACTIVATE YOUR CALPOLY EMAIL

ADDRESS: _____ ZIP: _____

MAJOR: _____ UNDERGRAD: _____ OR GRAD: _____

CHECK THE QUARTER(S) YOU PLAN TO ATTEND:

Fall 2007 Winter 2008 Spring 2008

<input type="checkbox"/>	Transfer Student
<input type="checkbox"/>	First time freshman
<input type="checkbox"/>	Continuing Student

NUMBER OF UNITS: _____ **PER QUARTER.** If there are changes in the quantity of enrolled units, major, concentration, or approved/tech electives, it is **YOUR RESPONSIBILITY** to immediately notify the Veteran Coordinator(s) in the Office of Academic Records, 01-222. *The Family Education Rights & Privacy Act of 1974 forbids disclosure of information from our records to any individual without specific written consent of the Veteran.*

SIGNATURE

DATE