

SUMMER 2009 – VETERAN BENEFITS REQUEST

STUDENT ID#

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Undergraduate Graduate OTHER

CURRENT MAJOR:

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OFFICE USE

STUDENT NAME:

Print

Last

First

Middle

ADDRESS:

STREET

CITY

STATE

ZIP

CAL POLY EMAIL (MANDATORY)

PHONE

INDICATE THE AMOUNT OF UNITS FOR THE SESSION(S) YOU ARE ENROLLED

____ 10WK

____ 8WK

1ST

____ 5WK

2ND

____ 5WK

Chapter/Benefit

30 31 33

35 1606

1607

CHECK ONE

Transfer Student

First Time Freshman

Continuing Student

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 certain information from our records to any individual without specific written consent of the Veteran.*

SIGNATURE: _____

DATE: _____

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OFFICE USE ONLY

- TRANSFERRED UNITS (IF NECESSARY)
- VA ONCE UPDATE/CERTIFICATION
- PS SERVICE INICATOR