

# VETERAN REQUEST FOR BENEFITS - CURRENT ACADEMIC YEAR

NAME: \_\_\_\_\_

CHAPTER: \_\_\_\_\_

STUDENT ID#

MAJOR: \_\_\_\_\_

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PHONE: \_\_\_\_\_

**CAL POLY EMAIL (MANDATORY):** \_\_\_\_\_

YOU **MUST** ACTIVATE YOUR CALPOLY EMAIL

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

**UNDERGRAD / GRAD**

CIRCLE ONE

TERM(S) YOU WANT BENEFITS:

Summer  
2008

Fall  
2008

Winter  
2009

Spring  
2009

**CHECK ALL THAT APPLY**

☐

**Transfer  
Student**

☐

**First Time  
Freshman**

☐

**Continuing  
Student**

CHECK ONE

**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:** \_\_\_\_\_

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