

Veterans Benefit Request Form

Veterans or dependents must request benefits for each enrollment period in which they wish to receive educational benefits. Certification will be submitted upon receipt of a completed Veterans Benefit Request Form in EVC Admissions & Records Office.

File # _____

SS# _____

NAME: _____
Last First Middle

Summer / Fall / Spring _____
Circle one **YEAR**

ADDRESS: _____

PHONE #: _____

WORK #: _____

OBJECTIVE: Check one AA/AS Certificate of Achievement Transfer
(Includes Basic Police Academy)

STATUS: Check one Enrolled at EVC Last Semester New Transfer Prior EVC
 Concurrently enrolled at another institution (which) _____

Will you be attending EVC next semester? YES NO

VETERAN'S CHAPTER: Check one 30 31 32 33 1606

DEPENDENT'S CHAPTER: Check one 35

List of Course for Semester Indicated Above

Course	Reg ID	Section	Units	Subject Area	Final Grade
TOTAL UNITS REGISTERED FOR BENEFITS:					

I certify that the above information is correct. I understand that should any changes to my schedule occur (adds, drops, withdrawals, incompletes), I will promptly notify the school and the Office of Veterans Affairs so that action can be taken to modify my certification. I further understand that I am liable for any overpayment that may occur due to the un-timeliness on my part to report a change.

Signature: _____

Date: _____