

## 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.

**NAME:**

\_\_\_\_\_

Last                                      First                                      Middle

**File #** \_\_\_\_\_

**SS#** \_\_\_\_\_

**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
<b>TOTAL UNITS REGISTERED FOR BENEFITS:</b>					

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