SPRING QUARTER VETERANS CENTER BENEFITS REQUEST FORM

Please complete both sides of this form and attach any additional information.

STUDENT INFORMATION:

Name:______________________________   SS #:__________________     PERM #:__________________     DOB:_____

Local Address:___________________________________________________________________________________________

Street                                  Apt.#                                  City                                State                           Zip

Mailing Address:___________________________________________________________________________________________

Street                                  Apt.#                                  City                                State                           Zip

Telephone:  (       )____________________________     E-Mail/U-Mail: _________________________________________

BENEFITS INFORMATION:

Please check the type of veterans educational benefits that you are eligible to receive:

❑ CHAPTER 30: Montgomery G.I. Bill —Active Duty
  (include copy of VAF 22-1990, or 22-1995 and DD-214, if possible)

❑ CHAPTER 31: Veterans’ Educational Assistance Program (VEAP)
  (Please include verification of your eligibility)

❑ CHAPTER 35: Dependents Educational Assistance Program (DEA)
  My VA File Number is (Include suffix): ______________ or call (888) 442-4551 to get your file number
  (Please include a copy of form FAF 22-5490 or 5495)

❑ CHAPTER 1606: Montgomery G.I. Bill — Selected Reserve
  (Please include your VAF 22-1990, or 1995)

❑ CHAPTER 1607: REAP
  Reservists who were activated for at least 90 days after September 11, 2001 – go to www.gibill.va.gov to
  confirm your eligibility and/or call (888) 442-4551. (Please include VAF 22-1990, or 1995)

Please check one of the following:

❑ This is the first time that I have applied for Veterans benefits.
  ❑ Attached is my Application for Veterans Chapter Benefits

❑ I am a continuing Veteran’s Chapter benefits recipient from last quarter, or a previous term.
  ❑ I have already submitted my Application for Veterans Chapter Benefits with the VA

❑ I am a transfer student and I received Veteran’s Chapter benefits at my former college
  ❑ Attached is my VA Change of Program or Place of Training form (22-5495 or 22-1995)

❑ I have already submitted my Change of Program or Place of Training form to the VA.

Months of remaining entitlement (if known):___________

Please attach your Certificate of Eligibility from the Veterans Administration.

Continued on back of page
ENROLLMENT INFORMATION:

Indicate your Major (or Double Major):__________________________  Your Minor:__________________

I intend to enroll in _____ units for the above quarter. I request certification for these units. By signing this form, I acknowledge that I am submitting my intent to enroll. I am aware that I must notify a VA programs specialist in the UCSB Office of the Registrar if my actual enrollment does not match the enrollment I have submitted.

*Be sure to include a copy of your current schedule

Class level:

❑ FRESHMAN  ❑ SOPHOMORE  ❑ JUNIOR
❑ SENIOR      ❑ 2ND B.A.       ❑ GRAD STUDENT

❑ Please process “Advance Pay” for this term.

Advance payment provides funds at the beginning of a school term to help the student meet expenses concentrated at the beginning of the term. Advance payment is the amount payable for the initial month or portion of the quarter plus the amount payable for the following month. Advance pay request should be submitted 30 to 120 days before the Fall quarter begin date.

For more detailed information go to www.gibill.va.gov or contact the VA directly at (888) GIBILL-1.

STATEMENT OF CERTIFICATION:

I agree to notify the Office of the Registrar, Veterans Educational Benefits, at the University of California at Santa Barbara immediately of any change in units or program status, including termination of my enrollment. In the event that I receive an overpayment from the U.S. Department of Veterans Affairs as a result of my negligence in reporting any changes of status, I agree to repay the amount of such overpayment to the U.S. Department of Veterans Affairs.

__________________________  _______________________
Student’s Signature                      Date

Return this completed form to:
UCSB Office of the Registrar
Attn: Veteran’s Benefit Program
1101 SAASB
Santa Barbara, CA 93106-2985

For questions, email:
Reg-Veterans-Benefit-Programs@sa.ucsb.edu

or call:
(805) 893-8905