QUARTERLY VETERANS BENEFIT REQUEST FORM

Please complete this form and submit/email it to the Veterans Services Department in the Office of the Registrar.

STUDENT INFORMATION:
Quarter:_____________________, 20_____ Sessions (Summer Only):_____________________
Name:_________________________________ Perm #________________________

  o Check this box if any of your contact information has changed since last quarter. If it has, please fill out the following section.

Local Address:__________________________________________________________________________________
Street   Apt #      City            State  Zip
Mailing Address:_________________________________________________________________________________
Street   Apt #      City            State  Zip
Phone: (          ) _________________________ Email: _________________________________________________

BENEFIT INFORMATION:
Please check the type of veterans’ educational benefit that you are requesting:

☐ CHAPTER 30: Montgomery G.I. Bill – Active Duty
   (Please include copy of VAF 22-1990 Application for VA Educational Benefits, or 22-1995 and DD-214)
☐ CHAPTER 31: Vocational Rehabilitation (VOC)
☐ CHAPTER 33: Post 9/11 G.I. Bill
   (Please include a copy of your Certificate of Eligibility from the Department of Veterans Affairs)
  o I am a dependent receiving chapter 33 benefits. (Please include a copy of your Certificate of Eligibility from the Department of Veterans Affairs)
☐ CHAPTER 35: Dependents Educational Assistance Program (DEA)
   My VA file number is (include suffix): ______________. You can call (888) 442-4551 to get your VA file number. (Please include a copy of your benefit application, VA form 22-1990 or 22-5495)
☐ CHAPTER 1606: Montgomery G.I. Bill – Selected Reserve
   (Please include a copy of VA form 22-1990 or 22-1995)
☐ CHAPTER 1607: REAP - Reservists who were activated for at least 90 days after September 11, 2001. You can go to www.gibill.va.gov to confirm your eligibility and/or call (888) 442-4551. (Please include a copy of VA form 22-1990 or 22-1995)

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 (22-1990 or 22-5495)
☐ I have already submitted my Application for Veterans Chapter Benefits with the VA
☐ I am a continuing Veterans Chapter benefits recipient from last quarter, or a previous term.
☐ I am a transfer student and I received Veterans Chapter benefits at my former college.
☐ Attached is my VA Change of Program or Place of Training form (22-5495 or 22-1995)

Months of remaining entitlement (if known):____________________________
Please attach your Certificate of Eligibility Letter from the Veterans Administration.

Continued on back of page

For office use only.

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<th>Submitted Cert</th>
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<th>D18 Screen</th>
<th>Date</th>
<th>Distribution List</th>
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Enrollment Information:
Indicate your Major (or Double Major):_________________ Your Minor:______________

I intend to request certification for _____ units for this quarter. 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 is less than the enrollment I have submitted.

Class Level:
☐ Freshman ☐ 2nd B.A.
☐ Sophomore ☐ Grad Student
☐ Junior ☐ Yes
☐ Senior ☐ No

Do you expect to graduate this quarter?

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. I also agree to only request Veteran’s Benefit certification for units which fulfill my major/degree requirements. In the event that any said units are found unnecessary for my degree program, I agree to repay the Veterans’ Administration the amount which is owed to compensate for those un-certifiable units.

____________________________  ______________
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, contact:
RegVeterans@sa.ucsb.edu or (805) 893-8905
COURSE SCHEDULE FOR __________, 20____

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Total Units: ________

Please complete the attached schedule and have it signed by an academic advisor either with your department or college. This is to verify that the number of units that you, the student, are requesting certification for are satisfying degree and/or major requirements.

If you are currently unable to enroll in courses, please list the courses that you intend to enroll in on the schedule below and have it signed by an advisor. This will be considered a proposed schedule. Once you have officially enrolled in your proposed courses, you will need to bring us a copy of your schedule printed from GOLD. This printed schedule does not need to be signed by an advisor unless your courses are different from the ones that you proposed.

For Advisor Completion:

Is this schedule official or proposed? ______________

I have reviewed the above schedule and confirm that ____ of the above units are satisfying the student’s degree/major requirements.

Advisor Signature:_________________________________ Date:_________________

Department:______________________________________ Extension:_____________