VA Educational Benefits Intake Form

PLEASE TYPE OR PRINT CLEARLY.

Thank you for your interest in VA Educational Benefits at UC San Diego Extension. Please take a few minutes to fill out the following information.

TODAY'S DATE / / BIRTHDATE / / SOCIAL SECURITY NUMBER

LAST NAME FIRST NAME INITIAL

STREET ADDRESS

CITY STATE ZIP

( ) – PHONE NUMBER ( ) – WORK PHONE NUMBER EMAIL ADDRESS

UCSD EXTENSION CERTIFICATE PROGRAM NAME

Under what chapter will you be drawing benefits? (Check one)

❑ CHAPTER 32 (VEAP)
❑ CHAPTER 35 (DEPENDENTS)
❑ CHAPTER 30 (MONTGOMERY GI)
❑ CHAPTER 31 (DIS VETS)
❑ CHAPTER 33 (POST 9/11)
❑ ACTIVE DUTY (30,32)
❑ CHAPTER 1606 (RESERVES)

VETERAN'S SOCIAL SECURITY NUMBER

Have you used your VA Educational Benefits previously? ❑ Yes ❑ No Are you on active duty? ❑ Yes ❑ No Are you in the reserves? ❑ Yes ❑ No

Students attending UC San Diego Extension using VA Education Benefits are required to report previously completed coursework. Students must submit official transcripts of post-secondary education to the Extension VA Representative **no later than 30 days** after enrolling in courses. UC San Diego Extension shall evaluate all supporting documents to determine if any credit may be applied to the student's approved program of study. Students granted credit will have their training program and tuition reduced proportionately. UC San Diego Extension shall notify the VA about the results of the evaluation when certifying the student.

I have attended the above colleges and/or vocational schools

Initial and sign below

(Initials)

_____ I certify that the above is a true and complete statement of my post-secondary education and experience.

_____ I agree to provide UC San Diego Extension all supporting documentation necessary to determine what if any credit may be granted.

_____ I understand that failure to submit my official transcript(s) will result in delay of certification or delay of future course enrollment at UC San Diego Extension until my official transcript(s) are received.

_____ I understand that the classes I am taking are required in my certificate program.

_____ I understand that UC San Diego Extension will hold me responsible for any tuition fees not paid for by the VA or payments rescinded by the VA.

_____ I understand that it is my responsibility to notify the UC San Diego Extension VA Representative of any CHANGES IN PROGRAM, UNIT CHANGES, DISMISSAL, COURSE FAILURE, COURSE CANCELLATION and/or WITHDRAWAL. Failure to do so may result in the termination of my benefits and/or retroactive billing of my benefits.

I DECLARE THE ABOVE INFORMATION TO BE ACCURATE.

STUDENT SIGNATURE DATE

For Office Use Only

Signature of Evaluator

Date

Prior Transcript has been evaluated

❑ Yes ❑ No

Notes (For Evaluator's Use Only)

UC San Diego | Extension