California State University, Chico
Office of Veterans' Affairs

REQUEST FOR BENEFITS

Name _____ Student ID # _____

YOUR CURRENT ADDRESS: **If Change of Address, Check Here:** ☐

Street _____

City _____ State ____ Zip _____ Phone _____

Wildcat Email: _____ @mail.csuchico.edu

- **You must submit your request using your Wildcat Email to: VA@csuchico.edu.**
- **Macintosh Computers and Internet Browsers other than Explorer may have a conflict with this form.**
- **Use a PC, complete and save the form to your desktop, then send the completed form to us.**

Current Objective: ☐ BA/BS ☐ 2nd BA/BS ☐ MA/MS ☐ Teaching Cred.

Class Level: ☐ Fr ☐ So ☐ Jr ☐ Sr ☐ Post-Bacc Expected Graduation Term: _____

Major: _____ **If Change of Major, Check Here:** ☐

IMPORTANT NOTICE: Certification beyond this semester is NOT automatic. It is your responsibility to ensure that your benefits continue. Allow VA 4-6 weeks to process any claim.

I understand that I will only receive benefits for courses that are required to complete my approved academic program. I agree that I will notify the Office of Veterans' Affairs of any and all changes to my class schedule within one week of the change or I may experience payment delays. Submitting this request with my Wildcat Email constitutes my signed agreement with the information as listed on this request and is considered appropriate for processing my request.

This request is for _____ units for the _____ semester.
(maximum is 12) (ex. *2018 fall* or *2019 spring*)

I plan to attend another college concurrently: ☐ What school? _____

Classes at other school must fulfill requirements for CSUC program: Number of units at other college _____

Note: You are responsible for contacting the other school about receiving benefits for those classes.