California State University, Chico
Office of Veterans' Affairs

Intersession / Summer 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)

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 request VA educational benefits for: Year _____

◯ Intersession ◯ Summer

I am enrolled for the following courses:

Course	Title	Units	Start Date	End Date
_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____

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 two working days 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.