

FALL/SPRING APPLICATION FOR BENEFITS

Name _____ Student ID # _____

Local Address: _____ Permanent Address: _____

Street _____ Street _____

City _____ State ____ Zip _____ City _____ State ____ Zip _____

Phone () _____ Phone () _____

Email address _____

Current Objective: BA/BS 2nd BA/BS Class Level: Fr So Jr Sr Grad

MA/MS Teaching Cred. Date of Expected Graduation _____

Major: _____ Are you currently on active duty? _____

Benefits for _____ academic year (i.e. 2007-08)

Do you plan to attend another college "concurrently"? _____ Number of units at other college _____

Other College Name _____ Where will degree be granted? _____

Ask OVA staff about requirements for processing this type of request.

I understand that I will receive benefits only for courses required to complete my approved academic program. I agree that I will notify the Office of Veterans' Affairs of any and all changes in my class schedule within one week of the change or I may experience payment delays.

I plan to attend **Fall** semester at the following rate: Fulltime ¾ time ½ time < ½ time

I request advance pay for this semester. Yes No N/A

Signature _____ Date _____

I plan to attend **Spring** semester at the following rate: Fulltime ¾ time ½ time < ½ time

I request advance pay for this semester. Yes No N/A

Signature _____ Date _____

IMPORTANT NOTICE: Certification beyond this semester is NOT automatic. You must take the initiative to insure that your benefits continue. Always allow the USDVA 6-8 weeks to process any claim.