

# REQUEST TO BEGIN VETERANS EDUCATIONAL BENEFITS

Student ID# Social Security Number VA File Number (if different than SSN)

Last Name First Middle

Address City State Zip

Cell Phone # Email Date of Birth

- Under what Chapter will you be applying?  30  31  33  35  1606  MTA
- Are you applying for benefits as a:  Veteran  Dependent Spouse  Dependent Child
- Are you currently Active Duty?  Yes  No If no, last date of service: \_\_\_\_\_
- Have you received Veterans Educational Benefits before? (If yes, an official VA Change in Place of Training Form, 22-1995, is required)  Yes  No If yes, what institution? \_\_\_\_\_
- Have you used education benefits at CBU before?  Yes  No
- First semester you plan to begin using benefits at CBU:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_
- Under what program are you enrolling? **TRAD**  Undergraduate  Graduate **OPS**  Undergraduate  Graduate
- For students enrolling in the Undergraduate Traditional Program, will you be using CBU’s Health Insurance?  
 Yes  No, I will be submitting proof of health insurance each semester.  N/A
- **Major:** \_\_\_\_\_ **Concentration:** \_\_\_\_\_

**By my signature, I acknowledge:**

- Completion of this form does not qualify me for Veteran Educational Benefits. **It is my responsibility to submit this completed form along with all necessary paperwork.** My enrollment will not be submitted to the VA until I have been accepted for admission at California Baptist University and enrolled in courses.
- My enrollment will be automatically certified to the VA each semester as long as the course work is degree applicable and eligible for certification. If I do not want my enrollment certified for a semester, it is my responsibility to notify the Veterans School Certifying Official in writing before registering for the semester.
- It is my responsibility to notify the School Certifying Official at CBU anytime I change my major, minor, or concentration. Failure to inform the School Certifying Official of any changes to major, minor, or concentration may result in a delay of certification which may then result in a delay of payment.
- I take full responsibility to track the remaining number of days on my entitlement. I may track of my educational benefits by registering for and checking the EBenefits website.

Student Signature

Date

**OFFICE USE ONLY**

- VA Application/Change in Place of Training
  - DD214 or NOBE or COE
  - Degree Guide
  - CX Data Entry “V”
  - Sticker applied
- Notes: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_