



Veterans Statement of Intent – Request for VA Benefits

- Complete this form for **each semester** that you would like to claim benefits from VA.
- Register for your courses before submitting this form.
- Failure to complete this form correctly, may delay your enrollment certification.
- Changes in your registration, credit hours, or major must be reported immediately to the Office of the Registrar.

Check VA Chapter

<input type="checkbox"/> Chap. 30 Montgomery GI Bill	<input type="checkbox"/> Chap. 33 Post 9/11 GI Bill®	<input type="checkbox"/> Chap. 33 Transfer of Entitlement (Spouse/child)
<input type="checkbox"/> Chap. 33 Fry Scholarship	<input type="checkbox"/> Chap. 31 VR&E	<input type="checkbox"/> Chap. 35 Dependent’s Educational Assistance Program (DEA)
<input type="checkbox"/> Chap. 1606 (Reservist)	<input type="checkbox"/> Check here if on active duty	<input type="checkbox"/> CH. 33 STEM Scholarship

Last Name: _____ First: _____ MI: _____ Date: _____

Student ID: _____ Daytime Telephone: _____

Program of Study: _____ Start Sem.: _____ 20____ Anticipated Grad.: _____ 20____

Email: To maintain student confidentiality, CDU will only communicate with students using their CDU student email addresses.

Semester: FALL _____ SPRING _____ SUMMER _____

Course Code and Number (Example NUR 415)	Course Title	Credits	Required? Yes or No	Repeat? Yes or No
Total Units				

By signing this form, I affirm that the information I have provided is accurate and I understand that: **(Please initial each statement)**

_____ I must attend 12 or more credit hours to receive full-time educational benefits for undergraduate and 9 units for graduate.

_____ All of the above-listed courses are eligible for certification to the VA and are required for my degree/certificate program.

_____ It is my responsibility to notify the Office of the Registrar of any changes to my registration (add/drops).

_____ If I change my schedule, it is my responsibility to submit a new Veterans Intent to Register to the Office of the Registrar.

_____ **If I don’t submit a new form, my courses will not be certified.**

_____ If I withdraw or fail a course, I may be required to repay the benefits I have received for the course.

_____ I am personally obligated to pay any debts to the University resulting from reductions or terminations of enrollment or Veteran benefit eligibility..

Student’s Signature: _____ Date: _____

Office Only

Student Schedule Info:	
Number of On-Ground Units	
Number of Online Units	