



REQUEST TO VA INITIATE BENEFITS

Complete this form to initiate the use of your benefits while enrolled at CDU. Please be sure to complete all information. Missing or incomplete information may delay your certification.

STUDENT INFORMATION:

Date: _____ Student ID: _____
First Name: _____ MI: _____ Last Name: _____
Telephone #: _____ Email: _____
Current Address: _____

BENEFITS INFORMATION:

Are you a Veteran? Yes No If No, who's benefits will you be utilizing? _____
Most Recent Branch of Service? _____ Are you/they still active? _____
Which VA benefit program will you be using at CDU? _____
• If you are using Chapter 35, the service member's VA File # is required. Please enter it here: _____

Is this your first time utilizing VA educational benefits? Yes No

- If no, what is the most recent school you attended using VA benefits?

Will you be using Financial Aid? Yes No

PROGRAM INFORMATION

Which Degree Type Are You Pursuing At CDU? _____ Major/Concentration? _____
Semester you will begin to use benefits at CDU? Fall Spring Summer 20_____

Comments/Requirements governing return, if any: _____

Dean Signature: _____ Date: _____

STUDENT SIGNATURE:

Student Signature: _____ Date: _____

Please return completed form to the Office of Registration and Records along with a copy of your DD214 (if applicable) and a copy of your official VA Certificate or Eligibility letter. You can deliver them in person, by fax (323-563-4837), or via e-mail at registrar@cdrewu.edu.