



Veterans Enrollment Card

FALL 20___ UNITS___ SPRING 20___ UNITS___ SUMMER 20___ UNITS___

CHAPTER: ___ 30. ___ 31 ___ 33* ___ 33D* ___ 35 ___ 1606 ___ 1607

*Under Chapter 33, I authorize certification of_____ units in order to conserve my benefits,
I understand that the book stipend will be calculated on certified units only. _____
(initial)

SOC. SEC#: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: _____
(MM/DD/YYYY)

ADDRESS: _____

(CITY) (STATE) (ZIP)

HOME PHONE: _____

WORK PHONE: _____

E-MAIL: _____

CIRCLE: UG GR MAJOR: _____ EMPHASIS: _____

LAST COLLECTED BENEFITS AT: _____ TERM: _____

CONCURRENT ENROLLMENT: YES NO NAME OF OTHER SCHOOL: _____

ADVANCE PAY REQUESTED: YES NO **EXCLUDES CHAPTER 31, VOC. REHAB. STUDENTS**

I understand that educational benefits will be paid only for courses that are applicable towards my declared degree program. I further understand that the VA will not pay for courses that I audit (AU), receive credit by exam (CBE), or receive a no credit (NC), withdrawal (W), or unsatisfactory (WU,D,F) grade. I understand that my VA benefits are based upon the number of units I am enrolled in (FT, 3/4, 1/2, 1/4); and that any changes in my enrollment (adds/drops) must be reported to the CSU Fresno Veterans' representative immediately. I hereby authorize the release of information contained in my California State University: Fresno, Veteran's educational file to the Veterans Administration.

SIGNATURE: _____ DATE: _____

CAL-VET FEE WAIVER: ___ YES ___ NO (POST 9/11)

WORK STUDY ___ YES ___ NO

*****SUBMIT AFTER REGISTERING FOR COURSES TO ACTIVATE VETERANS' BENEFITS*****

You are responsible for ALL debts resulting from reductions or terminations of your enrollment even if the payment was submitted directly to the school on your behalf--

