

Veterans Educational Benefits Semester Worksheet

SPRING SUMMER	R 🗌 FALL 🗌	YEAR	
Name:			
(Print) Last	First	M.I	Date of Birth
Student ID#	Social Security	y #	
Address: Number / Street City S		Phone number:	
Number / Street City S	State Zip		
Chapter # Chapter 33: Eligibility %	Email addr	ess:	
Major:	Is this a change of	f major? 🗖 Yes	No
Select Education objective(s): Associates Degre	ee T ransfer	GE Pattern: □ CC GE	□CSU (Breadth) □IGETC
Name of Four-year institution you plan on transferring	ng to:		
If yes, when was the last semester and year? Will you be attending another college concurrently? 1. The Department of Veteran Affairs will only p 2. The Department of Veteran Affairs will not pa 3. A Comprehensive Educational Plan must be of the semester and year. 1. The Department of Veteran Affairs will only p 2. The Department of Veteran Affairs will only p 3. A Comprehensive Educational Plan must be of the semester of t	ay benefits for courses by non-resident fees. on file in the Veterans Chily housing payment. He report all adds, drops a cour benefits and may rento them based on assona 2.0 cumulative GPA kin a stop of your benefinclude enrollment fees ats should be submitted.	that are required for reference enrollment before enrollment by flex courses will be considered in overpayment. The essment scores. The maintained and making and a debt to the Volume of the Volume o	my declared major. Int is submitted to VA. Counted as distance The Cuyamaca College Re satisfactory academic A. Er 15 business days before the
Signature:	Date Signed		
	OFFICE USE ONLY		
Date Received: BY:		Semester start date MINF:	
Comments:		CEP on File: Yes	/ No