



C U Y A M A C A
· C O L L E G E ·

Veterans Educational Benefits Semester Worksheet

SPRING **SUMMER** **FALL** **YEAR** _____

Name: _____
(Print) Last First M.I. Date of Birth

Student ID# _____ Social Security # _____

Address: _____ Phone number: _____
Number / Street City State Zip

Chapter # _____ Chapter 33: Eligibility % _____ Email address: _____

Major: _____ Is this a change of major? Yes No

Select Education objective(s): Associates Degree Transfer **GE Pattern:** CC GE CSU (Breadth) IGETC

Name of Four-year institution you plan on transferring to: _____

Have you received veterans educational benefits at Cuyamaca College before? _____

If yes, when was the last semester and year? _____

Will you be attending another college concurrently? _____ If yes, please provide a copy of your registration statement.

1. The Department of Veteran Affairs will only pay benefits for courses that are required for my declared major.
2. The Department of Veteran Affairs will not pay non-resident fees.
3. A Comprehensive Educational Plan **must** be on file in the Veterans Center before enrollment is submitted to VA.
4. Short term courses **may** affect your VA monthly housing payment. Hyflex courses will be counted as distance learning (online).
5. VA regulations require that you immediately report **all** adds, drops and/or withdrawals to the Cuyamaca College Veterans Center. Failure to do so will affect your benefits and may result in overpayment.
6. Remedial courses are only payable if placed into them based on assessment scores.
7. To continue benefits, VA regulations requires a 2.0 cumulative GPA be maintained and make satisfactory academic progress. If you are disqualified it may result in a stop of your benefits and a debt to the VA.
8. All over payments are your responsibility to include enrollment fees.

I understand that this form and all necessary documents should be submitted to the Veterans Center **15 business days before the semester begins** to ensure that the enrollment is submitted to the Department of Veterans Affairs with minimal delays.

Signature: _____ Date Signed _____

OFFICE USE ONLY

Date Received: _____ BY: _____ Semester start date MINF: _____

CEP on File: Yes / No

Comments: _____