



Military Benefits Authorization Form-Returning Students

Term: Fall___ Spring___ Summer___ Year: 20___

In order for the CSU Veterans Services office to certify and submit your schedule to the VA, we will need to receive a signed authorization each semester. If we do not receive a signed authorization, we will not be able to submit your schedule to the VA for payment.

Name: _____ Student ID#: _____ SSN (last 4) _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____@csustudent.net

1. How many hours do you plan to take this term? _____
2. Has your major changed since using benefits last? If so, list what it changed to: _____
3. Same GI Bill® chapter as previous semester? _____ If not, what has it changed to? _____
 - a. Have you applied for the new benefit via www.va.gov? _____ if you are switching benefits, complete 3a.
4. Will you be receiving any aid that will be applied to tuition only? (ex. Scholarships, athletic scholarships) _____
5. Will you be enrolled in another school while attending CSU? If so, list other school: _____
 - a. Contact info for VA rep at said school (name, email, phone#) _____

If you will be attending CSU and another school at the same time, complete this portion with the contact info of the other school, not the info of the CSU VA rep

* _____ I understand VA benefits are allowable for only those courses that are required for my declared degree program. CSU will not certify courses that are not part of my program of study and will adjust my certification as needed if my schedule changes.

* _____ I understand that any schedule changes may result in me having a debt to CSU and/or VA.

Department of Veterans Affairs Determines Eligibility of VA Education Benefits using Social Security Number per 38 U.S.C. 3471 Title38, United States Code

Student Signature: _____ Date: _____

Please forward to veterans@csuniv.edu For any questions, please contact the office @ 843.863.8037