



Veteran's Request for Active Educational Benefits

This form, along with each term's receipt, MUST be submitted EVERY semester.

NAME: MAJOR: ADDRESS: LAST FOUR OF VA File#: CITY: ZIP: MT. SAC ID: TELEPHONE: DATE OF BIRTH: MT. SAC EMAIL: @student.mtsac.edu PERSONAL EMAIL:

LIST ALL COLLEGES PREVIOUSLY ATTENDED (Include year and location):

- 1. 2. 3. 4.

I VERIFY THAT ALL PRIOR TRANSCRIPTS FROM PREVIOUSLY ATTENDED INSTITUTIONS HAVE BEEN SUBMITTED TO AND EVALUATED BY THE MT. SAC ADMISSIONS OFFICE.

PLEASE SELECT YOUR CHAPTER OF BENEFITS:

CHAPTER 30 - MGIB CHAPTER 33 - POST 9/11 CHAPTER 1606 - RESERVES (NON-ACTIVATED) VRAP CHAPTER 31 - VOC REHAB. CHAPTER 35 - DEPENDENTS CHAPTER 1607 - ACTIVATED RESERVES CASE #:

SEMESTER & YEAR APPLYING FOR: FALL SPRING WINTER SUMMER

PLEASE LIST THE CLASSES AND THE AMOUNT OF UNITS YOU ARE REQUESTING CERTIFICATION FOR:

1. UNITS: 2. UNITS: 3. UNITS: 4. UNITS: 5. UNITS: 6. UNITS: 7. UNITS: 8. UNITS:

I, understand that any semester/session I receive benefits for under U.S. Code, Title 38, and withdraw or reduce my unit load I must notify the Department of Veterans Affairs via Mt. SAC Veterans Resource Center. I understand that I must work directly with the Department of Veterans Affairs regarding the election of benefit type, initial and continued eligibility for selected benefits, and all benefit payment inquiries. I understand that it is my responsibility to confirm with the Department of Veterans Affairs the required pursuit/training time for benefit consideration. I understand I must submit a "Request for Active Educational Benefits" form, a copy of the current semester's receipt, and have a current and complete educational plan on file with the Mt. SAC Veterans Resource Center each semester in order to request that my educational benefits remain active.

By signing below I verify I have read and understand the statement above; give Mt. San Antonio College permission to notify and furnish any information requested by the VA Administration regarding this claim; and that all information provided herein is true and correct.

Signature: Date:

OFFICE USE ONLY: Staff Initials: Date Received: Certifying Official: Date Certified: