



Office of Financial Aid and Veterans Services

**VETERANS BENEFITS REQUEST FORM
FALL 2008/ SPRING 2009**

Name _____ VA File# _____

Address _____

E-mail address _____ Telephone # _____

Have you ever used your VA Education Benefits before? _____ Yes _____ No

Last term certified for VA benefits and where _____

Type of Benefits:

Veteran Chap. 30	Active Duty Chap. 30	Veteran Chap.32	Dependent Chap.35	Selective Reserve Chap.1606	Selective Reserve Chap.1607
_____	_____	_____	_____	_____	_____

What is your Degree and Major? _____

I am: () Accepted for admission as () Beginner () Transfer () Graduate
() Cleared for readmission as a former student returning after 3 or more terms
() Continuing Schiller student

Schiller Semesters to be certified:

() Fall Semester 2008 Number of credits _____
() Spring Semester 2009 Number of credits _____

I certify that all courses are applicable to my degree program and meet VA requirements. I further agree to promptly notify the school and VA of any change in my hours or program.

Signature _____ Date _____