



Veterans Statement of Intent – Request for VA Benefits

- Complete this form for **each semester** that you would like to claim benefits from VA.
- Register for your courses before submitting this form.
- Failure to complete this form correctly, may delay your enrollment certification.
- Changes in your registration, credit hours, or major must be reported immediately to the Office of Registration and Records.

Check VA Chapter

Chap. 30 (GI Bill) Chap. 33 (post 9/11 GI Bill) Chap. 35 (Dependents)
 Chap. 1607 (REAP) Check here if on active duty
 Chap. 1606 (Reservist) Chap. 31 (Voc Rehab)

Last Name: _____ First: _____ MI: ____ Date: _____

Student ID: _____ Daytime Telephone: _____

Program of Study: _____ Start Sem.: _____ 20____ Anticipated Grad.: _____ 20_____

Email: To maintain student confidentiality, CDU will only communicate with students using their CDU student email addresses.

Check Semester: FALL SPRING SUMMER

Registered Course	Credits	Required? Yes or No	Repeat? Yes or No	In Class/ Online	Office Use Only	
					LDA	DOD

By signing this form, I affirm that the information I have provided is accurate and I understand that: ***(Please initial each statement)***

_____ I must attend 12 or more credit hours to receive full-time educational benefits for undergraduate and 9 units for graduate.

_____ All of the above-listed courses are eligible for certification to the VA and are required for my degree/certificate program.

_____ It is my responsibility to notify the Office of Registration & Records of any changes to my registration (add/drops).

_____ If I change my schedule, it is my responsibility to submit a new Veterans Intent to Register to the Office of Registration and Records. ***If I don't submit a new form, my courses will not be certified.***

_____ If I withdraw or fail a course, I may be required to repay the benefits I have received for the course.

_____ I am personally obligated to pay any debts to the University resulting from reductions or terminations of enrollment or Veteran benefit eligibility.

Student's Signature: _____ Date: _____

CDU has a zero tolerance for any form of discrimination and/or harassment including, but not limited to, discrimination and/or harassment on the basis of race, color, sex, sexual orientation, gender, gender identity, gender expression age (over 40), physical handicap, disability, national origin, ancestry, marital status, medical condition, military or veteran status, genetics, or religion. CDU does not prohibit the use of any language unless such prohibition is required for business or academic purposes. CDU will not retaliate against any employee, applicant, or student because they have engaged in protected activity.