California University of Pennsylvania  
Office of Military & Veterans Affairs  
Application for Enrollment – VA Benefits

Phone: (724) 938-4076, FAX 4584  
www.calu.edu/veterans or Twitter @CalUVetsAffairs or www.facebook.com/CalUVeterans

Name ____________________________________________________________ Date ________________________  
(Last)    (First)    (Middle Initial)

Mailing Address ______________________________________________________________________________  
(Street and Number)  (City)  (State)   (Zip Code)

**PLEASE LEAVE YOUR SSN OR VA FILE NUMBER BLANK IF YOU USED VA BENEFITS AT CAL U IN THE PAST**

SSN ____________________ Phone Number: __________________

Are you currently on active duty? Yes______ No______ If you are on active duty, will you be using TA? Yes______ No______

*If you are on active duty & using Tuition Assistance & VA Benefits, you MUST also provide a copy of your TA request form*

Are you currently serving in the National Guard or Reserve component (includes Title 10 or 32 / IRR) Yes_____ No______

Branch of Service: _____________________ Will you be graduating during this term? Yes______ No______

Will you be completing an internship during this term? Yes______ No_______. If yes, where ________________________

( ) Ch33 Post 9/11 GIBILL

If using Chapter 33, what is your percentage of entitlement? (40% - 100%) ________________

If using Chapter 33, are you using Transfer of Entitlement? (As a dependent of Veteran or Military) ( ) Yes ( ) No

If using Transfer of Entitlement, what is the branch of the Veteran / Military? ________________ What is his/her rank? __________

Attending: ( ) Main Campus (includes Southpointe location)  ( ) Global Online

Degree seeking: ( ) Undergraduate    ( ) Graduate    ( ) Certificate or Diploma

Major / Program of Study _________________________________ Credits Completed (including transfer) __________________________

Academic Standing: ( ) Freshman    ( ) Sophomore    ( ) Junior    ( ) Senior    ( ) Graduate

Anticipated Graduation Date: Year _______ Cal U Email Address ______________ Alternate/Personal Email ____________________

Winter 2019    ( ) I will enroll for the Winter 2019 term for _________ credits

Certification

I understand that it is my responsibility to notify the Military & Veterans Affairs Office of any changes in my scheduled classes. This is not limited to, but includes, add, drops, withdrawals or changes in the number of credits that may differ from those listed above. Any changes in your major or program of study and number of credit hours may affect your pay status. Furthermore, I understand that failure to attend classes and to maintain satisfactory progress may result in reduction or suspension of VA benefits. I understand that if I am registering for classes for the following academic year, I must personally notify the VA Office each semester when I elect to use benefits by completing a new form, each semester. Lastly, federal law prohibits overpayment of 100% between any federal funding to include Tuition Assistance, National Guard FTA when including Post 9/11 GI Bill benefits. No overpayments between those previously listed are to be made or received by the student. It is my responsibility to request benefits each semester.

Student Signature ______________________________

California University of Pennsylvania - www.calu.edu/veterans

Form Approved: October 2019
Office of Military & Veterans Affairs Responsibility Form

This form is required when completing an Application for Enrollment

*STUDENTS ARE ONLY REQUIRED TO COMPLETE THIS FORM 1 TIME EACH CALENDAR YEAR

As a California University of Pennsylvania student receiving VA benefits, you are responsible for the following:

Please initial after reading each of the following

- Eligible Veterans, Reservists and Dependents are responsible for requesting VA benefits through the Office of Veteran’s Affairs each time a new schedule is created. Generally, requests are to be made in November and April of each academic year. If you are using benefits in the summer, you are responsible for requesting benefits as soon as you schedule summer courses or when application for enrollment is available.

- You will only receive benefits for courses taken that apply to your degree program.

- You must report any classes dropped or withdrawn from and changes of major **IMMEDIATELY** to the Office of Veteran’s Affairs.

- I understand Cal U is not a Yellow Ribbon school.

- If I am not a resident of Pennsylvania and am using VA benefits, I must coordinate with the Global Online or Academic Records office to ensure I am coded appropriately for the discounted Global online tuition rate.

- Federal Law requires that in order to use VA benefits, you must make academic progress towards graduation. Failure to comply may result in recoupment of funds and benefits to the Department of Veteran’s Affairs.

- **CHAPTER 33**: Students that withdraw are responsible for repaying tuition & fee costs to the VA. The ultimate responsibility for the payment of tuition & fees is **YOUR** responsibility. You will not be allowed to register for or attend any further terms until your financial obligations are current and clear with the Bursar’s office.

- **CHAPTER 33**: I understand that if I am completing an internship during this period, my housing rate may be different, based on the zip code, in accordance with Section 107 of the Colmery Act of 2017. Documentation is required if you are completing an internship.

- **CHAPTER 33 Transfer of Entitlement**: Students who are using VA Benefits through the Transfer Program are reminded that housing payments are paid monthly; if living on campus, students should contact the Student Accounts office for semester payment plan.

I understand I am responsible for the above actions. Failure to report any changes may result in an overpayment and discontinuance of my VA benefits. I give permission for California University of Pennsylvania Office of Military & Veteran’s Affairs to discuss my VA paperwork with the Department of Veteran’s Affairs, as appropriate and needed.

PRINT NAME: ___________________________________________

SIGNATURE: ______________________________________

DATE: ______________

CWID: Campus Wide ID_____________

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