

Veteran's and Dependent's Information Form for Student's Receiving VA Educational Benefits

If you plan to receive VA Educational Benefits from Cal Maritime, please complete this form in its entirety and return it to the Student Records Office.

Name of Student					Major _	BA
Address					- - - -	GSMA MT FET MET ME
Phone Number Email Address						
Are you a	_veteran	OR	dependent of a	veteran		
-	ttach a copy	of your DD 21	v?NO 14 Date of Discharge charge	ge		
Check appropriate of	Chapter 30 Chapter 31 Chapter 33 Chapter 35 Chapter 160	Vocational Re Post-9/11 GI I Survivor's and 06 Montgomer		ntional Assis Reserves	stance Program	
• <u>If NO</u> , have y VA Education	ou submitted Benefits? If yes, please	I to the Veteran	n's Administration F the Student Records Of submit to the VA, then	form 22-199	0 or 22-5490 App	
· · · · · · · · · · · · · · · · · · ·	you submitte ogram or Plac If yes, please	ed to the Vetera ce of Training? provide a copy to	an's Administration	Form 22-19	95 or 22-5495 Re	quest for
Student Certification I certify that I have provide submitted in support of m	led complete an					
Student Signature				Date		