

## **VA Education Benefit Quarterly Enrollment Survey**

Instructions: Please download the form before completing and uploading.

Please submit this enrollment survey for each quarter you wish to receive VA education benefits.

Please complete the following survey based on your finalized study list on the <u>Student Portal</u>. If you make changes to your study list or if your enrollment status changes after you submit this form, you must report those changes to the VA Certifying Official.

Quarter

Summer	Fall	Winter	Spring
Veteran Benefit			
Chapter 30		Chapter 35	
Chapter 31		Chapter 1606	
Chapter 33 Veter	an	Chapter 1607	
Chapter 33 Depe	ndent		
Chapter 33 Eligibility	Percentage		
	%		
How many units are y	you enrolled in?		
Will you, or have you	waived UC health	insurance for this quarte	er?
Yes	No		
Will you receive tuitic	on or fee specific s	cholarships (excluding n	eed-based financial aid)?
Yes	No		
If yes, what is the amo	unt of the tuition or fe	e specific scholarship?	
Provide any additiona	al comments below	<i>N</i> .	