



VA Benefit Coding Request

FIRST NAME	LAST NAME	Social Security Number (last 4 digits)

Program Name: _____

Program Start Date: _____ **Program End Date:** _____

Benefit Utilizing (Check One):

- ☐ Chapter 30: Montgomery G.I. Bill®
- ☐ Chapter 31: Vocational Rehabilitation
- ☐ Chapter 32: Veterans Educational Assistance Program (VEAP)
- ☐ Chapter 33: Post 9/11 G.I. Bill®
- ☐ Chapter 33D: Post 9/11 G.I. Bill® (Dependent)
- ☐ Chapter 35: Dependent Education Assistance

This is your indication that, to the best of your knowledge, you are eligible for the above benefit and that you intend to use the benefit for this semester. If you choose to not use this benefit for this term or if you switch benefits, it is your responsibility to notify the San Diego Global Knowledge University Veterans Education Benefits School Certifying Official. If you do not use the benefit, you will be subject to the decoding of your account.

Please read and initial the following:

_____ I am responsible for paying all tuition and fees not covered by my VA Education Benefits. Failure to do so may result in enrollment blocking and any balance due may be sent to a collections agency.

_____ For CH 1606 and CH 30 recipients, tuition and fees are not covered by the VA. Fees are due at the time of class registration. I may be dropped within 10 days of registration if tuition and fees are not paid.

_____ If I stop using my VA Education Benefits, my coding may be deactivated. Once deactivated, tuition and fees will be due at the time of registration. I may be dropped within 10 days of registration if tuition and fees are not paid. To re-establish my coding benefit I will need to complete this request again with San Diego Global Knowledge University Veterans Education Benefits School Certifying Official.

_____ **I understand that this request does not initiate my VA Education Benefits at San Diego Global Knowledge University.** To start my benefits, I must complete all admission requirements for VA students established by San Diego Global Knowledge and any additional paperwork required at the time of certification.

Signature: _____

Date: _____