

VA EDUCATIONAL PLAN

INSTRUCTION TO VA BENEFIT RECIPIENT: This form **must** be properly completed and returned to the De Anza's Office of Veteran Affairs **before** you will be eligible to receive benefit payments.

**Veteran, Reservist,
or Dependent's Name:** _____
VA File Number (Dependents Only): _____
Social Security Number: _____

I. Educational Objective: Please state one, and only one, education objective. (i.e., AA Degree - Business Administration, Transfer BS - Aviation).

My Educational Objective is: _____

II. Requirements To Complete Objective

[illegible]

TOTAL UNITS EARNED FOR
CURRENT DEGREE:

OFFICE USE ONLY:

FILLED OUT BY:

NAME:

DATE: _____

COUNSELOR FILLS OUT THE ABOVE

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III. Student Signature

I certify that the above classes are required for my degree objective, and also understand that these are the only classes for which I can receive benefits.

Student's Signature: _____

Date: _____