

VA Educational Benefits Request Form Fall 2026

Saint Anselm College- Registrar's Office
100 Saint Anselm Drive
Manchester, NH 03102

Registrar@anselm.edu

Phone: 603.641.7400

Fax: 603.656.6297

Please physically drop off, email, or fax this form to the Registrar's Office.

Benefits will be processed after the Add/Drop period is completed during the second week of classes.

Failure to submit this form will result in the delay of receipt of benefits.

VA benefits will not be requested on your behalf until this form is submitted, and the semester has begun.

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____
Street Address City State Zip Code

Phone: _____ Email Address: _____

Social Security # (Last 4 digits ONLY): *** - ** - Student ID #: _____

TYPE OF BENEFITS

____ Chapter 30
____ Chapter 31
____ Chapter 33
____ Chapter 35 VA File #: _____ (Dependents only—must complete)
____ 1606

SEMESTER ENROLLMENT

____ Summer 2026: Number of credits enrolled: _____
____ Fall 2026: Number of credits enrolled: _____
____ Study Abroad
____ Major _____

Are you repeating or auditing any classes during the Spring 2026 semester? ____ Yes ____ No

If yes, indicate which course(s) are audit or repeat _____

ALL APPLICANTS – Must read and sign below

I certify that the information on this form is correct to the best of my knowledge and that I will be enrolled at Saint Anselm College as indicated above. In the event that I withdraw or change credit loads, I agree to report the change directly to the Saint Anselm College Registrar's Office.

I have read, understand, and agree to the above.

Signature: _____ Date: _____
(actual signature required)

*If you should withdraw from a course, after the Add/Drop program, you **MUST** let the Office of the Registrar know **ASAP**, as this **WILL AFFECT YOUR BENEFITS PAYMENTS!!**