



# Veteran Services Certification (Chapter 1607)

REGISTRAR'S OFFICE

University of Central Florida

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Must Be Typed  
(No Handwritten Forms)

Last Name \_\_\_\_\_, First Name \_\_\_\_\_ MI \_\_\_\_\_ PID (MyUCF Login #s) \_\_\_\_\_ SSN (Only #s, no dashes) \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_ Time Deployed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major(s) (Ex.: BS Criminal Justice, MA History, BA Economics, BSBA Finance, etc...) \_\_\_\_\_ Minor(s) (Ex.: History, etc...) and/or Certificate(s) (Ex.: Criminal Profiling, etc...) \_\_\_\_\_

Are you a transient student this term (taking courses at another school and UCF)? Yes  No  Fall  A B C D  
 Have you added, changed, or dropped your major(s)/minor(s) since your last term? Yes  No  Spring   
 Summer  Year \_\_\_\_\_ Hours \_\_\_\_\_

Comment(s) \_\_\_\_\_ Undergraduate  Graduate

By signing below, I understand that:

- 1) My award **WILL** be **REDUCED** without notification if I am enrolled for fewer hours than I certify, taking classes that do not apply to my major, receive an "N" grade for a class, withdrawal from a class after the add/drop period, or attempt a course for a third time where out-of-state tuition would apply
- 2) I will **NOT** receive a VA deferment if my certification is not turned in **BEFORE** the end of the add/drop period of the semester for which I am certifying, or if I am not receiving VA educational benefits.

Signature \_\_\_\_\_

Date \_\_\_\_\_

+ Must be annotated in VA-Once "Bio" tab. Office Use Only \* Must be annotated in the Cert panel's "Comments" textbox.

Date Stamp	<input type="checkbox"/> n/a + Major Pending	<input type="checkbox"/> n/a + Dual Objective <input type="checkbox"/> MAJ-(insert major) <input type="checkbox"/> MIN-(insert minor) <input type="checkbox"/> CER-(insert certificate)	<input type="checkbox"/> n/a * Enrollment E ____ C ____ ____ > ____	<input type="checkbox"/> n/a * Transient ____ @ ____ ____ @ ____	<input type="checkbox"/> n/a Do Not Pay Break From: ____/____/____ To: ____/____/____
	<input type="checkbox"/> n/a Supporting Documents <input type="checkbox"/> DD-214 <input type="checkbox"/> 22-1995 <input type="checkbox"/> 22-1990	<input type="checkbox"/> Transient <input type="checkbox"/> C.O.E. <input type="checkbox"/> N.O.B.E.	<input type="checkbox"/> Checklist <input type="checkbox"/> VONAPP	Time Deployed + * <input type="checkbox"/> >90 <input type="checkbox"/> >2 <input type="checkbox"/> >1	<input type="checkbox"/> n/a Time Left M ____ D ____ ____/____/____

<input type="checkbox"/> n/a + SASS Audit  Date ____/____/____ #/"P" _____	Done VA Educational Benefits Panel	Done VA-Once \$ _____ Tuition \$ _____ Fees	Date Completed ____/____/____
	Done VA Certification Panel <input type="checkbox"/> Change Date: ____/____/____ <input type="checkbox"/> Transient Form On File <input type="checkbox"/> 22-1995 On File <input type="checkbox"/> Student Applied Using VONAPP	<input type="checkbox"/> Certificate of Eligibility On File <input type="checkbox"/> Application On File / Submitted <input type="checkbox"/> Do Not Pay for Break...	2nd Check Work Study Initials _____

Completed Initials _____	Certifying Officer _____	Date ____/____/____	VA-Once Cert ID # _____
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