



# Veteran Services Certification (Chapter 31)

REGISTRAR'S OFFICE

University of Central Florida

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**VSC  
31**

*Must Be Typed  
(No Handwritten Forms)*

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

Phone # \_\_\_\_\_ Email \_\_\_\_\_ Dependents \_\_\_\_\_

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  
 Have you added, changed, or dropped your major(s)/minor(s) since your last term?  Yes  No  
 Fall  Spring  Summer  Year \_\_\_\_\_ Hours \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

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.

1st Check Date Stamp	<input type="checkbox"/> n/a + Major Pending	<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"/> Transient <input type="checkbox"/> Checklist	Dependents + * ____ DEP	<b>31</b>	

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

Certifying Official Completed Initials _____	Certifying Officer _____	Done 1905 Distributed	Date ____/____/____	VA-Once Cert ID # _____
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