



Veteran Services Certification (Chapter 35)

REGISTRAR'S OFFICE

University of Central Florida

P.O. Box 160114, Orlando, FL 32816-0114

Phone: 407-823-2707; Fax: 407-823-5652

VSC
35

Must Be Typed
(No Handwritten Forms)

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

Phone # _____ Email _____

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.

1st Check 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"/> 22-5495 <input type="checkbox"/> Transient <input type="checkbox"/> Checklist <input type="checkbox"/> 22-5490 <input type="checkbox"/> C.O.E. <input type="checkbox"/> VONAPP			VA File Number ____ - ____ File Number _____ # L	1st Check Work Study Initials _____

2nd Check <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"/> 22-5495 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...

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