



Veterans Academic Resource Center (VARC)

Must Be Typed
(No Handwritten Forms)

University of Central Florida
P.O. Box 163505
Orlando, FL 32816-3505
Phone: 407-823-2707; Fax: 407-823-5879

Veteran Services
Certification—1606

VSC
1606

First Name	MI	Last Name
Social Security Number		Student ID (w/o the letter)
Academic Career / Training Type		Address
City		State Zip
Phone #		
UCF Knights Email		
Major(s) <i>Examples:</i> BA Economics, BS Criminal Justice, MA History, Etc...		Session Fall <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Spring <input type="checkbox"/> _____ Year Hours Summer <input type="checkbox"/> _____
Minor(s) and/or Certificate(s) _____ _____ _____		_____ _____ _____
Yes No Yes No		Are you or your spouse on Active Duty? Yes No Are you receiving money for school from a source other than VA? (TA, EDD, Soldiers to Scholars, Bright Futures, etc.) If so, list: _____ _____

Please type the name(s) of the source(s). Private Scholarships require award Letter.

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

Date Stamp Documents <input type="checkbox"/> 22-1995/22-5495 <input type="checkbox"/> COE <input type="checkbox"/> Checklist <input type="checkbox"/> Transient <input type="checkbox"/> VONAPP <input type="checkbox"/> TEB <input type="checkbox"/> DD-214 <input type="checkbox"/> Award Letter <input type="checkbox"/> OOS waiver <input type="checkbox"/> NOBE	Bio Data <i>Checked if VA Once "Bio" tab matches cert</i>	1st Check <input type="checkbox"/>
	Program/Plan <i>Major/minor/certification match in VA Once, PS, and all forms</i>	<input type="checkbox"/>
	Academic Pro. <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	Residency <input type="checkbox"/> FL Resident <input type="checkbox"/> Non-FL <input type="checkbox"/> OOS waiver	<input type="checkbox"/>
	Major pending Date: ___/___/___	<input type="checkbox"/>
	Enrollment* E___ C___ : L___ W___ : ___->___ : ___@___	<input type="checkbox"/>
Ed Ben Panel <i>Created in PS by first check</i>	<input type="checkbox"/>	
Cert Panel <i>Created in PS by first check</i>	<input type="checkbox"/>	
VA Once <i>Created by 2nd Check</i> <input type="checkbox"/> Student Applied Using VONAPP. <input type="checkbox"/> Student's Signed Request For Change Of Program/Place Of Training Is On File. <input type="checkbox"/> Concurrent enrollment at secondary school: _____ <input type="checkbox"/> Tuition and Fees will be submitted as soon as possible after Add/Drop. <input type="checkbox"/> Graduate Student - Full Time Measurement =	<input type="checkbox"/>	
Work-Study Initials _____		
Certifying Official Ed Ben \$ _____	Date ___/___/___ C.O. Initials _____ Cert ID _____	Date ___/___/___ C.O. Initials _____ Cert ID _____