



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



First Name MI Last Name

Social Security Number Student ID (w/o the letter) Address

Academic Career / Training Type City State Zip

Major(s)
Examples:
BA Economics,
BS Criminal Justice,
MA History, Etc...

Phone #

Minor(s) and/or Certificate(s)

UCF Knights Email

Session
Fall A B C D
Spring Year Hours
Summer

• • • • • 7 • • • • • 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	Bio Data <i>Checked if VA Once "Bio" tab matches cert</i> <input type="checkbox"/>	1st Check <input type="checkbox"/>
	Program/Plan <i>Major/minor/certification match in VA Once, PS, and all forms</i> <input type="checkbox"/>	<input type="checkbox"/>
	Academic Pro. <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/>
	Residency <input type="checkbox"/> FL Resident <input type="checkbox"/> Non-FL <input type="checkbox"/> OOS waiver <input type="checkbox"/>	<input type="checkbox"/>
	Major pending Date: ___/___/___ <input type="checkbox"/>	<input type="checkbox"/>
<i>PIDs on top of the first page of every form</i>	Enrollment* E___ C___ : L___ W___ : ___->___ : ___@___ <input type="checkbox"/>	<input type="checkbox"/>
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	Ed Ben Panel <i>Created in PS by first check</i> <input type="checkbox"/>	<input type="checkbox"/>
	Cert Panel <i>Created in PS by first check</i> <input type="checkbox"/>	<input type="checkbox"/>
	VA Once <input type="checkbox"/> Student Applied Using VONAPP. <input type="checkbox"/> Student's Signed Request For Change Of Program/Place Of Training Is On File. <i>Created by 2nd Check</i> <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"/> <input type="checkbox"/> Graduate Student - Full Time Measurement =	<input type="checkbox"/>
	Work-Study Initials _____	
Certifying Official	Date C.O. Initials Cert ID	Date C.O. Initials Cert ID
Ed Ben \$ _____	_____ INITIAL CERTIFICATION	_____ FINAL CERTIFICATION