



# 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 <i>(w/o the letter)</i>	Address																																																
Academic Career / Training Type	City	State Zip																																																
<b>Major(s)</b> <i>Examples: BA Economics, BS Criminal Justice, MA History, Etc...</i>	Phone #	UCF Knights Email																																																
<b>Minor(s) and/or Certificate(s)</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">Session</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">Fall</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">C</td> <td style="text-align: center;">D</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">Spring</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center;">Year</td> <td style="text-align: center;">Hours</td> <td style="border-bottom: 1px solid black; width: 50px;"></td> <td style="border-bottom: 1px solid black; width: 50px;"></td> <td style="border-bottom: 1px solid black; width: 50px;"></td> <td style="border-bottom: 1px solid black; width: 50px;"></td> </tr> <tr> <td style="text-align: center;">Summer</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td colspan="2"></td> <td style="border-bottom: 1px solid black; width: 50px;"></td> <td style="border-bottom: 1px solid black; width: 50px;"></td> <td style="border-bottom: 1px solid black; width: 50px;"></td> <td style="border-bottom: 1px solid black; width: 50px;"></td> </tr> </table>			Session						Fall		A	B	C	D			Spring		Year	Hours					Summer								<table border="0" style="width: 100%;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">y#7</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">y#7</td> <td style="text-align: center;">U</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>									y#7	No	Yes	No	y#7	U	Yes	No
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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

<b>Date Stamp</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"><b>Bio Data</b></td> <td style="width: 40%;">Checked if VA Once "Bio" tab matches cert</td> <td style="width: 30%; text-align: right;">1st Check</td> </tr> <tr> <td><b>Program/Plan</b></td> <td>Major/minor/certification match in VA Once, PS, and all forms</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><b>Academic Pro.</b></td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><b>Residency</b></td> <td><input type="checkbox"/> FL Resident <input type="checkbox"/> Non-FL <input type="checkbox"/> OOS waiver</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><b>Major pending</b></td> <td>Date: ___/___/___</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><b>Enrollment*</b></td> <td>E___ C___ : L___ W___ : ___-&gt;___ : ___@___</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><b>Ed Ben Panel</b></td> <td>Created in PS by first check</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><b>Cert Panel</b></td> <td>Created in PS by first check</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><b>VA Once</b></td> <td> <input type="checkbox"/> Student Applied Using VONAPP.  <input type="checkbox"/> Student's Signed Request For Change Of Program/Place Of Training Is On File.            Created by 2nd Check  <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 = _____         </td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>	<b>Bio Data</b>	Checked if VA Once "Bio" tab matches cert	1st Check	<b>Program/Plan</b>	Major/minor/certification match in VA Once, PS, and all forms	<input type="checkbox"/>	<b>Academic Pro.</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<b>Residency</b>	<input type="checkbox"/> FL Resident <input type="checkbox"/> Non-FL <input type="checkbox"/> OOS waiver	<input type="checkbox"/>	<b>Major pending</b>	Date: ___/___/___	<input type="checkbox"/>	<b>Enrollment*</b>	E___ C___ : L___ W___ : ___->___ : ___@___	<input type="checkbox"/>	<b>Ed Ben Panel</b>	Created in PS by first check	<input type="checkbox"/>	<b>Cert Panel</b>	Created in PS by first check	<input type="checkbox"/>	<b>VA Once</b>	<input type="checkbox"/> Student Applied Using VONAPP. <input type="checkbox"/> Student's Signed Request For Change Of Program/Place Of Training Is On File. Created by 2nd Check <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"/>
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