University of Central Florida

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 - 30

VSC – 30

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 #

UCF Knights Email

Minor(s) and/or Certificate(s)

Fall ☐
Spring ☐ Year Hours
Summer ☐

Are you a Florida resident for tuition purposes? ☐ **Yes** ☐ No

Are you úl·ʅʎyƎ l·yè úʎl·yǎʎŜyǔ Ǒ2ʣʣʎǎŜǎK ☐ Yes ☐ No

Are you or your spouse on Active Duty? ☐ Yes ☐ No

Will you be taking classes on a UCF campus other than the Main campus?
☐ **Yes** ☐ **No**

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

1st Check

Date Stamp

PIDs on top of the first page of every form

Documents

- ☐ 22-1995/22-5495
- ☐ COE
- ☐ Checklist
- ☐ Transient
- ☐ VONAPP
- ☐ TEB
- ☐ DD-214
- ☐ Award Letter
- ☐ OOS waiver
- ☐ NOBE

Bio Data	*Checked if VA Once "Bio" tab matches cert*	☐
Program/Plan	*Major/minor/certification match in VA Once, PS, and all forms*	☐
Academic Pro.	☐ No ☐ Yes	☐
Residency	☐ FL Resident ☐ Non-FL ☐ OOS waiver	☐
Major pending	**Date:**___/___/_____	☐
Enrollment*	**E____ C____ : L____ W____ : ____->____ : ____@_____**	☐
Ed Ben Panel	*Created in PS by first check*	☐
Cert Panel	*Created in PS by first check*	☐
VA Once *Created by 2nd Check*	☐ Student Applied Using VONAPP. ☐ Student's Signed Request For Change Of Program/Place Of Training Is On File. ☐ Concurrent enrollment at secondary school: _____ ☐ Tuition and Fees will be submitted as soon as possible after Add/Drop. ☐ Graduate Student - Full Time Measurement =	☐

Work-Study Initials _____ _____

Date	**C.O. Initials**	**Cert ID**	**Date**	**C.O. Initials**	**Cert ID**
INITIAL CERTIFICATION			AND / OR FINAL CERTIFICATION		