



# 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  \_\_\_\_\_  
Summer  \_\_\_\_\_  
Year Hours

.....7 ..... Yes No

**1905 voucher:** I understand it will be emailed to my Knights email account in 3-5 business days.

**Are you or your spouse on Active Duty?** Yes No  
\$ .....y#7 ..... U # ? ...  
.....V

..... 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

<b>Date Stamp</b>	<b>Bio Data</b> <i>Checked if VA Once "Bio" tab matches cert</i>	<input type="checkbox"/>	<b>1st Check</b>	
	<b>Program/Plan</b> <i>Major/minor/certification match in VA Once, PS, and all forms</i>	<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> <i>Date: ___/___/___</i>	<input type="checkbox"/>		
	<b>Enrollment*</b> <i>E___ C___ : L___ W___ : ___-&gt;___ : ___@___</i>	<input type="checkbox"/>		
<b>Documents</b> <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	<b>Ed Ben Panel</b> <i>Created in PS by first check</i>	<input type="checkbox"/>		
	<b>Cert Panel</b> <i>Created in PS by first check</i>	<input type="checkbox"/>		
	<b>VA Once</b> <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"/>	
	<b>Work-Study Initials</b> _____			

<b>Certifying Official</b>	<b>Date</b>	<b>C.O. Initials</b>	<b>Cert ID</b>	<b>Date</b>	<b>C.O. Initials</b>	<b>Cert ID</b>
<b>Ed Ben</b>	____/____/____	INITIAL CERTIFICATION	____/____/____	AND/OR	____/____/____	FINAL CERTIFICATION