



# 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 - 33

**VSC**  
**33**

First Name _____	MI _____	Last Name _____																														
Social Security Number _____	Student ID (w/o the letter) _____	Address _____																														
Academic Career / Training Type _____	City _____	State _____ Zip _____																														
<b>Major(s)</b> Examples: BA Economics, BS Criminal Justice, MA History, Etc...	Phone # _____	UCF Knights Email _____																														
<b>Minor(s) and/or Certificate(s)</b> _____	<table border="0"> <tr> <td></td> <td style="text-align:center">Session</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fall</td> <td><input type="checkbox"/></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> </tr> <tr> <td>Spring</td> <td><input type="checkbox"/></td> <td colspan="4" style="text-align:center">_____</td> </tr> <tr> <td></td> <td></td> <td style="text-align:center">Year</td> <td style="text-align:center">Hours</td> <td></td> <td></td> </tr> <tr> <td>Summer</td> <td><input type="checkbox"/></td> <td colspan="4"></td> </tr> </table>		Session					Fall	<input type="checkbox"/>	A	B	C	D	Spring	<input type="checkbox"/>	_____						Year	Hours			Summer	<input type="checkbox"/>					
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Spring	<input type="checkbox"/>	_____																														
		Year	Hours																													
Summer	<input type="checkbox"/>																															
<b>Are you a Florida resident for tuition purposes?</b> Yes    No																																
<b>Are you the:</b> Veteran    Dependent	<b>Are you or your spouse on Active Duty?</b> Yes    No																															
<b>Are you taking any transient courses?</b> Yes    No	<table border="0" style="width:100%"> <tr> <td style="width:50%">_____</td> <td style="width:50%">_____</td> </tr> <tr> <td style="text-align:center">y#7</td> <td style="text-align:center">U</td> </tr> <tr> <td style="text-align:center">.....</td> <td style="text-align:center">V</td> </tr> </table>		_____	_____	y#7	U	.....	V																								
_____	_____																															
y#7	U																															
.....	V																															

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**

<b>Date Stamp</b>	<b>Bio Data</b> <i>Checked if VA Once "Bio" tab matches cert</i> <input type="checkbox"/>
	<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> <b>Date:</b> ___/___/___ <input type="checkbox"/>
<i>PIDs on top of the first page of every form</i>	<b>Enrollment*</b> E___C___ : L___W___ : ___->___ : ___@___ <input type="checkbox"/>
<b>Documents</b>	<b>Ed Ben Panel</b> <i>Created in PS by first check</i> <input type="checkbox"/>
<input type="checkbox"/> 22-1995/22-5495	<b>Cert Panel</b> <i>Created in PS by first check</i> <input type="checkbox"/>
<input type="checkbox"/> COE	<b>VA Once</b> <input type="checkbox"/> Student Applied Using VONAPP.
<input type="checkbox"/> Checklist	<input type="checkbox"/> Student's Signed Request For Change Of Program/Place Of Training Is On File.
<input type="checkbox"/> Transient	<input type="checkbox"/> Concurrent enrollment at secondary school: _____ <input type="checkbox"/>
<input type="checkbox"/> VONAPP	<input type="checkbox"/> Tuition and Fees will be submitted as soon as possible after Add/Drop.
<input type="checkbox"/> TEB	<input type="checkbox"/> Graduate Student - Full Time Measurement = _____
<input type="checkbox"/> DD-214	
<input type="checkbox"/> Award Letter	
<input type="checkbox"/> OOS waiver	
<input type="checkbox"/> NOBE	

**Work-Study Initials** \_\_\_\_\_

Date

C.O. Initials    Cert ID

INITIAL CERTIFICATION

Date

C.O. Initials    Cert ID

FINAL CERTIFICATION

AND/OR