



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—35

VSC
35

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)

Session

Fall		A	B	C	D
Spring					
Summer					

Year Hours

.....7 No

..... 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

Date Stamp <i>PIDs on top of the first page of every form</i> 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	Bio Data <i>Checked if VA Once "Bio" tab matches cert</i> <input type="checkbox"/> 1st Check	
	Program/Plan <i>Major/minor/certification match in VA Once, PS, and all forms</i> <input type="checkbox"/>	
	Academic Pro. <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	
	VA File Number: _____:_____:____ <input type="checkbox"/>	
	Residency <input type="checkbox"/> FL Resident <input type="checkbox"/> Non-FL <input type="checkbox"/> OOS waiver <input type="checkbox"/>	
	Major pending Date: ___/___/___ <input type="checkbox"/>	
	Enrollment* E___ C___ : L___ W___ : ___->___ : ___@___ <input type="checkbox"/>	
	Ed Ben Panel <i>Created in PS by first check</i> <input type="checkbox"/>	
	Cert Panel <i>Created in PS by first check</i> <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"/> <input type="checkbox"/> Tuition and Fees will be submitted as soon as possible after Add/Drop. <input type="checkbox"/> Graduate Student - Full Time Measurement = _____	
Work-Study Initials _____		
Certifying Official Ed Ben \$ _____	Date ___/___/___ C.O. Initials _____ Cert ID _____ <small>INITIAL CERTIFICATION</small>	Date ___/___/___ C.O. Initials _____ Cert ID _____ <small>FINAL CERTIFICATION</small>