

VETERAN SERVICES CENTER

UNIVERSITY of CALIFORNIA · IRVINE

UCI Student Center G304, Irvine, CA 92697 5125 | (949) 824 3500 | veteran@uci.edu | http://www.veteran.uci.edu

Veteran Intake Form

Please complete this form and return it to the Veteran Services to begin the process to use your benefits at UC Irvine. A Veteran Services Representative will explain the veteran services certification process to you. You are responsible for turning in all "Required Items". Your paperwork WILL NOT be processed if you are missing any of the "Required Items".

Required Items to initiate benefits for New and Transfer Students

Chapter:					Checklist of required items
30	31	33	35	1606/1607	
N		N	N	N	<input type="checkbox"/> Application for benefits: Form 22-1990 for Chapter 30, 33, 1606, & 1607. Form 22-5490 for chapter 35. 22-1990E Dependent of Veteran using Chapter 33
N		N	N	N	<input type="checkbox"/> Certificate of Eligibility (COE): Not required for initial submission
N, T					<input type="checkbox"/> DD 214 – Member 4 Copy: Certificate of release of active duty.*
T		T	T	T	<input type="checkbox"/> Request for change of Program: Form 22-1995 for Chapter 30, 33, 1606, & 1607. Form 22-5495 for Chapter 35.
				N, T	<input type="checkbox"/> Notice of Basic Eligibility (NOBE): Available from your reserve unit.
	N, T				<input type="checkbox"/> Form 28-1905: Provided by your Voc Rehab Counselor.
N, T	N, T	N, T	N, T	N, T	<input type="checkbox"/> Quarterly Course Enrollment Certificate Form: Available at the Veteran Services Center

N = New incoming student without prior credit and never received benefits
T = New transfer student with prior credit and received benefits

*Required for priority registration and priority housing.

Student Section

Type of Benefits

- | | |
|--|---|
| <input type="checkbox"/> Chapter 30: Montgomery G.I. Bill – Active Duty | <input type="checkbox"/> Chapter 31: Vocational Rehabilitation |
| <input type="checkbox"/> Chapter 33: Post 9/11 GI Bill _____% qualified for | <input type="checkbox"/> Chapter 33 TOE: Post 9/11 GI Bill _____% qualified for |
| <input type="checkbox"/> Chapter 35: Dependents Educational Assistance (DEA) | <input type="checkbox"/> Chapter 1606: Selected Reserve |
| <input type="checkbox"/> Chapter 1607: Reserve Educational Assistance Program (REAP) | |

Person Information (Please print or type)

Last Name: _____	First Name: _____	Middle Name: _____
Date of birth: _____	SSN: _____	UCI Student ID: _____
Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	
Email Address: _____		

School Information

(1) Major: Degree: <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MBA <input type="checkbox"/> JD <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Other _____	(2) Major: Class Level: <input type="checkbox"/> Fresh. <input type="checkbox"/> Sophmo. <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Grad. <input type="checkbox"/> Other _____
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Prior Credit Information

Are you a transfer student? Yes No
If Yes, please indicate institution(s) you previously attended: _____

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Student Responsibility

Please read the following information carefully and initial each line.

Department of Veteran Affairs:

_____ I understand The Department of Veteran Affairs (VA) supervises the program of all students receiving benefits. I agreed to this supervision by signing the application for benefits. In addition, my signature allows Veterans' Services Center to release school records to VA.

Benefits are for Approved Programs Only:

_____ I will ensure that the classes I am taking are required for my degree program. I will **NOT** use VA benefits "just to take some courses." Academic progress must be made toward the program degree. If I reduce or terminate your school attendance or otherwise change my school enrollment, I **WILL** inform Veterans' Services Center immediately. I will be responsible for any overpayment of benefits resulting from these changes. If I am an undecided/undeclared student, only the courses that fulfill UCI Breadth Requirements will be eligible for payment.

Changes of Program (Degree):

_____ I understand that it is my responsibility to notify the Veterans' Services Center of any **CHANGES IN PROGRAM, UNIT CHANGES, DISMISSAL**, and/or **WITHDRAWAL**. Failure to do so may result in the termination of my benefits, or retroactive billing of my benefits. I must inform Veterans' Services Center immediately if I am changing majors.

Repeating Courses:

_____ I understand the VA does not pay for repeated courses in which I originally received a passing grade. Some majors require a "C" or better in particular courses, in this case, VA will pay for repeated courses if my grade does not meet the minimum requirement for my major.

Financial Responsibility:

_____ I understand that I am responsible for all tuition and fees. In the event the VA does not pay my balance, it is my responsibility to pay all balances owed. All students incur a financial obligation to the University at the time of registration and must be financially prepared to meet the stated tuition and fee deadlines. Students will be administratively withdrawn from the University if they fail to pay their outstanding obligations. There is no provision in the law governing students' use of VA Educational Benefits. The failure of VA to mail a check to a student in a timely manner does not erase or mitigate the student's financial responsibility of the University. The student is responsible for any overpayments of benefits from the withdrawal.

Incomplete Grades

_____ I understand an "I" is considered an **INCOMPLETE** grade. A grade of "I" is **NOT** reported to VA since "I" grades may revert to a punitive grade (a grade that affects your GPA) or **F** after an academic year.

Non-Punitive Grades (NP, NR or W)

_____ I understand the VA will **NOT** pay for classes in which I have received a grade of **NP, NR** or **W**. If I receive a non-punitive grade for course work that changes my reported enrollment status I must notify Veterans' Service Center immediately. We will report changes to VA and I may be held responsible for any overpayment. If there are circumstances beyond my control that led to non-punitive grades being assigned, I may provide a written explanation support my claim of any mitigating circumstances.

Please read the following information carefully and sign where indicated.

I understand it is my responsibility to notify Veterans' Services Center of any changes in my class schedule or address. All adds and drops must be reported to the UCI Veterans Services Center. I have read and understand the information on this form and my signature bellows certifies I understand these statements. I understand the failure to report a drop in units may result in an overpayment. I understand a failure to notify the UCI Veterans Services Center or The Department of Veterans Affairs of an address change, may result in a delay of communication from the VA.

Student Signature: _____ Date: _____