

# 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

### Quarterly Course Enrollment Certification Form

Personal Information (Please Print or Type)		
Name (Last, First, Middle):	UCI Student ID:	
VA case/file number:	UCI E-mail:	Telephone:
Has your address recently changed? If so, indicate new address here.		

School Information	
Major(s)/Programs:	Minor(s):
Degree: <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MAS <input type="checkbox"/> MFA <input type="checkbox"/> MBA <input type="checkbox"/> JD <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Other	Class Level: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Other
Certification Status: <input type="checkbox"/> Recertifying <input type="checkbox"/> Change of Major <input type="checkbox"/> New Student <input type="checkbox"/> Transfer Student (first time certifying at UCI) If so, from which school(s)?	
Fees: Have you waived USHIP or GSHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of Benefits	
<b>Veterans Only:</b> <input type="checkbox"/> Chapter 30: Montgomery G.I. Bill (less than 3 years active duty) <input type="checkbox"/> Chapter 30: Montgomery G.I. Bill (3 or more years active duty) <input type="checkbox"/> Chapter 31: Vocational Rehabilitation <input type="checkbox"/> Chapter 32: Veteran's Educational Assistance Program <input type="checkbox"/> Chapter 33: Post 9/11 GI Bill _____% qualified for <input type="checkbox"/> Chapter 1606: Montgomery GI Bill-Selected Reserve (MGIB-SR) <input type="checkbox"/> Chapter 1607: REAP, 90 days or more but less than 1 year <input type="checkbox"/> Chapter 1607: REAP, 1 year or more but less than 2 years <input type="checkbox"/> Chapter 1607: REAP, 2 or more years	<b>Dependents Only:</b> <input type="checkbox"/> Chapter 33: Post 9/11 GI Bill with TOE _____% qualified for <input type="checkbox"/> Chapter 35: Survivors' & Dependents Educational Assistance Program (DEA)  Are you receiving the CALVET Fee Wavier? _____

Academic Courses for Certification	
<b>Term:</b> Year: _____ <input type="checkbox"/> Fall <input type="checkbox"/> Summer 10 Week <input type="checkbox"/> Winter <input type="checkbox"/> Summer I <input type="checkbox"/> Spring <input type="checkbox"/> Summer II	<b>Instructions:</b> 1) Please list ONLY courses and units that are required for you to complete your degree. 2) <b>** You MUST CIRCLE the Degree Requirement that the course Satisfies.**</b> 3) Indicate if the course is being repeated. The VA does not pay for repeated course in which you originally received a passing grade. Please indicate the non-passing grade in the space provided.  <b>**GE = General Education, W = Writing, S = School, M = Major, DE = Degree Elective, E = Elective, MI = Minor, R = Repeat**</b>

Course Code (5-digit #)	Course Name & Number (ex. MATH 10, BIO 1A)	Units	**Degree Requirement** (please circle)							
			GE	W	S	M	DE	E	MI	R
			GE	W	S	M	DE	E	MI	R
			GE	W	S	M	DE	E	MI	R
			GE	W	S	M	DE	E	MI	R
			GE	W	S	M	DE	E	MI	R
			GE	W	S	M	DE	E	MI	R
<b>Total Units</b>										

**Student Responsibility:** Please see the reverse side for Student Responsibility

Graduate Advisor Section (NOTE: To complete the "Graduate Advisor Section" please contact your graduate advisor/registrar for an appointment)	
I certify that the above information on "Academic Courses for Certification" is correct and that all listed courses are applicable to the student's degree objective.	
Graduate Advisor/Registrar Name: _____	Tuition & Fees: \$ _____
Actual dates of student's term: _____	Signature: _____
Date: _____	Extension: _____

FOR VSC USE ONLY: DATE RECEIVED \_\_\_\_\_ RECEIVED BY INITIALS \_\_\_\_\_ | DATE PROCESSED \_\_\_\_\_ PROCESSED BY INITIALS \_\_\_\_\_

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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: \_\_\_\_\_