UC Santa Cruz – Graduate Students
Veterans Education Benefits (VEB) Enrollment Form and Notification of Requirements

Name: _____________________________________________ SID#: W_______________________

Last                                                                    First

Are you currently on Active Duty?   ☐ Yes   ☐ No
Are you a member of the National Guard?     ☐ Yes   ☐ No   if yes, check one:   ☐ Army   ☐ Air National Guard

What Chapter Benefits will you be receiving? Please check one:
If you do not know which chapter, please contact Department of Veterans Affairs Education Customer Service Office at (888) 442-4551.

☐ Chapter 30: Montgomery GI Bill® Monthly Amount $____________________

☐ Chapter 31: Vocational Rehabilitation Training Program – Not Required

☐ Chapter 33: Post 9/11 GI Bill ☐ I am the Veteran ☐ I am the spouse of a Vet ☐ I am the dependent of a Vet

☐ Chapter 35: Survivors’ and Dependents’ Ed Benefits – Vet’s SSN: _____________ Vet’s VA File #: ___________

☐ Chapter 1606: Montgomery GI Bill – Selective Reserve

☐ Chapter 1607: Reserve Educational Assistance Program (REAP)

Are you a New Student to UCSC?   ☐ Yes   ☐ No
If yes on above:  Attached is my VA Change of Program or Place of Training form (22-1995)
☐ I request a change in place of training from __________________________. Date last received benefits: __/__/__

Prior School

I am eligible for: ☐ Tuition Assistance (TA) ☐ Cal Vet College Fee Waiver: Plan A____ or Plan B____

I am requesting Advance Payment for the Fall Quarter:   ☐ Yes   ☐ No

Check boxes for ALL QUARTERS you wish to apply.
Full-Time: 12 units
¾ Time: 9-11 units
Half-Time: 6 units or below

Each Summer Session is reported separately to VA. Each enrollment varies depending on length of session.
5 week courses: FT: 5+ units, 3/4: 4 units, HT: 3 units

☐ Summer 20 __ __ Number of units: __________
☐ Fall 20 __ __ Number of units: __________
☐ Winter 20 __ __ Number of units: __________
☐ Spring 20 __ __ Number of units: __________

Graduate Program: ______________________________________

Department: ______________________________________

MAILING ADDRESS:
IMPORTANT: You must also update your address on your MyUCSC student portal.

Street

City    State    Zip

(       )

Phone

Email

If you receive a paper check, this is the address that will be updated to the VA. After receiving your first check, you must update your address with the VA directly.
UC Santa Cruz- Graduate Students
Notifications of Requirements (Please read and initial each statement below)

_____ You must enroll in classes that satisfy your Graduate Program Requirements. The Department of Veterans Affairs pays benefits for required classes only. A minimum of 10 Units is considered full-time.

_____ For Chapter 33 recipients, I understand that payment of tuition and fees will not arrive by the Registration Deadline each quarter and that I am ultimately responsible for payment of tuition and fees to UCSC.

_____ I understand that I must SUBMIT A VA ENROLLMENT VERIFICATION FORM SIGNED BY MY DEPARTMENT ADVISER EACH QUARTER.

_____ All transcripts from a previously attended post-secondary institution must be submitted to UCSC. UCSC is required to evaluate all prior coursework prior to the third quarter of attendance at UCSC.

_____ Advance payment provides funds at the beginning of a school term to help meet expenses that are concentrated at the beginning of a term. Additional rules apply. If you are interested, please select the appropriate box on page 1. Advance pay is not available for Chapter 33.

_____ The Department of Veterans Affairs requires UCSC to report all changes in your enrollment status: adding, dropping or changing classes, which might affect your VA payment. If classes change from the original signed Enrollment Verification form, a new, completed and signed Enrollment Verification form is required. Failure to do so may result in overpayment by the VA. Overpaid funds need to be paid back. When submitting a new Enrollment Verification form, notify the UCSC Veterans Benefit Services office if there are mitigating circumstances to report to the VA.

_____ I understand that grades of W, I, F, U, may result in a reduced payment from the VA. Courses with an “I” (incomplete) awarded must be completed within a year. Otherwise, my entitlement for VEB for that course may be reduced and may result in an overpayment.

_____ Chapter 30, 1606, and 1607 students must verify enrollment monthly by either the online Web Automated Verification of Enrollment (WAVE) at the Education Service web site at www.gibill.va.gov, or by Interactive Voice Response (IVR) at (877) 823-2378. This is not currently required for Chapter 33.

_____ I authorize UCSC Veterans Benefit Services to certify my enrollment for the terms specified on page 1 and to contact the Department of Veterans Affairs on my behalf to obtain information about the status of my VEB.

I have read and understand all of the requirements above. My signature signifies acceptance of the responsibility to keep the Veterans Benefit Services Office at UCSC informed of any change in my student status. UCSC’s official means of communication is via e-mail to your UCSC e-mail box or MyUCSC portal. I agree to read and maintain my UCSC e-mail account and continually check my portal.

VA Recipient’s Signature:________________________________________ Date:__________________