



UCSC Veterans Services
 1156 High Street
 Santa Cruz, California 95064
 Tel: (831) 459-2709 Fax: (831) 459-2737
 E-mail: vets_benefits@ucsc.edu

Veterans Benefit Services Verification Form

I am receiving the following benefit: 30 31 35 1606 1607 33 33 Dependent 33 Spouse Military TA

Print Last Name _____ First _____ W _____ Student ID _____ College/ Graduate Department _____

Declared/Proposed Major/Graduate Program _____ Secondary Major _____ Minor and Minor Department _____

I am submitting this form because my classes schedule changed this quarter.
 Academic Year 20____ - 20____ (choose one) Fall Winter Spring Summer

New Freshman Student
 New Transfer Student
 Continuing Student
 Graduate Student

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

I filed a Petition for Major/Minor Declaration with my Department this quarter Yes No

If yes, attach a copy of the approved petition plus your Academic Planning form.

I understand that an official declaration of major must be reported to the VA in order to continue receiving my benefits.

Class Number	Description	Units	COMPLETED BY ADVISERS ONLY
			<input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> GE <input type="checkbox"/> E <input type="checkbox"/> CR <input type="checkbox"/> U <input type="checkbox"/> NR <input type="checkbox"/> GR _____
			<input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> GE <input type="checkbox"/> E <input type="checkbox"/> CR <input type="checkbox"/> U <input type="checkbox"/> NR <input type="checkbox"/> GR _____
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Adviser Initial

MA = Major MI = Minor GE = General Ed E = Elective CR = College Requirement U = Minimum Unit Requirement
 NR = Not Required GR = Graduate Requirement

I understand that if my class schedule changes after submitting this form to the UCSC Veterans Benefits Services Office, I will need to submit a new, approved enrollment verification. If I fail to submit a new form, I understand this will result in a change of training time reported to the VA and this can reduce my VA benefits. I authorize UCSC to submit my enrollment information to the VA for the term stated above.

Student Signature: _____ Date: _____

This form must be signed by all Advisers approving your classes before submitting to the Veterans Benefits Services Office.

**UC Santa Cruz- Undergraduate Students
Veteran Benefits Verification Form**

MAJOR, MINOR, COLLEGE, OR GRADUATE ADVISERS:

This student is requesting certification of Veteran Benefits for classes taken at UCSC. Prior to certification, all courses must be verified by the adviser who is authorized to approve classes toward graduation requirements. Your signatures verify that the above courses are shown on the student's Academic Plan as required courses and are applicable toward their degree objective. For courses not appearing on the student's academic plan (including all proposed major courses), please list each in the space provided below along with an explanation of if, and how, the courses meet requirements. It is the responsibility of the major adviser to list the required courses for the proposed major. Only GE courses can be approved for students who haven't proposed or officially declared a major. Completion of this form is required each quarter that VA certification is requested.

If a course is not on the student's Academic Plan under Department and/or College requirement, please indicate below if the course fulfills other requirements.

I have met with this student and reviewed college, major and/ or transferable credit. To the best of my knowledge, I certify that the above courses are applicable to the student's present or intended program.

Major Adviser	Adviser's Signature	Date	Ext
Secondary Major Department Adviser	Adviser's Signature	Date	Ext
Minor Department Adviser	Adviser's Signature	Date	Ext
College Academic Adviser	Adviser's Signature	Date	Ext
Graduate Department	Graduate Adviser's Signature	Date	Ext

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 Tel: (888) 442-4551
 Website: <http://www.benefits.va.gov/gibill/>