



OFFICE OF THE REGISTRAR

Registrar, 1156 High Street, Santa Cruz, CA 95064  
 Phone (831) 459-4412 • FAX (831) 459-5051  
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## VETERANS BENEFIT SERVICES VERIFICATION

**Note:** This form must be initialed (page 1) and signed by all advisers approving your courses (page 2) before you submit this form to the Veterans Benefits Services Office.

### REQUESTOR

Name (Last, First, Middle) \_\_\_\_\_

Student ID \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Primary Major \_\_\_\_\_ Secondary Major \_\_\_\_\_

Minor and Minor Department \_\_\_\_\_

College \_\_\_\_\_ Academic level  New Fresh  New Transfer  Continuing  Graduate

### SCHEDULE CHANGE

I am reporting a change to my schedule  yes  no. If yes, for which academic year and quarter?

Year \_\_\_\_\_ Quarter:  Fall  Winter  Spring  Summer.

### CURRENT SCHEDULE

Course Number	Course Title	Credits	COMPLETED BY ADVISERS ONLY	Adviser Initials
			<input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> GE <input type="checkbox"/> E <input type="checkbox"/> U <input type="checkbox"/> CR <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"/> U <input type="checkbox"/> CR <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"/> U <input type="checkbox"/> CR <input type="checkbox"/> NR <input type="checkbox"/> GR	
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			<input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> GE <input type="checkbox"/> E <input type="checkbox"/> U <input type="checkbox"/> CR <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"/> U <input type="checkbox"/> CR <input type="checkbox"/> NR <input type="checkbox"/> GR	

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

### BENEFITS RECEIVED

I receive the following benefits

30  35  1606  33  33 Dependent  33 Spouse  Military TA  Other \_\_\_\_\_

Chapter 30, 35, and 1606 recipients: are you requesting advance payment for the Fall quarter?  yes  no

### MAJOR/MINOR DECLARATION

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.

### CONFIRMATION

I understand that an official declaration of major must be reported to the VA in order to continue receiving my benefits. I understand that if my course schedule changes after submitting this form to the UCSC Veterans Benefits Services Office, I must submit a new, approved enrollment verification. If I fail to submit a new form, I understand that this failure will result in a change of training time reported to the VA and can reduce my VA benefits. I authorize UCSC to submit my enrollment information to the VA for the term stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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**FOR MAJOR, MINOR, COLLEGE, OR GRADUATE ADVISERS ONLY**

This student is requesting certification of Veteran Benefits for courses taken at UCSC. Prior to certification, the adviser(s) who is authorized to approve courses toward graduation requirements must verify all courses. Your signature(s) verify that you have reviewed the above courses and they are applicable toward the student's degree objective. For courses not appearing on the student's academic plan (including all proposed major courses), please list each course in the space provided below along with an explanation of if, and how, the course meets requirements. It is the responsibility of the major adviser to list the required courses for a proposed major. Students who have not proposed or officially declared a major can only be certified for General Education courses. Completion of this form is required for each quarter for which 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 \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Ext \_\_\_\_\_

Secondary Major  
Department Adviser \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Ext \_\_\_\_\_

Minor  
Department Adviser \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Ext \_\_\_\_\_

College  
Academic Adviser \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Ext \_\_\_\_\_

Graduate  
Department Adviser \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Ext \_\_\_\_\_