



OFFICE OF THE REGISTRAR

Registrar, 1156 High Street, Santa Cruz, CA 95064
 Phone (831) 459-4412 • FAX (831) 459-5051
 registrar@ucsc.edu

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 Frosh New Transfer Continuing Graduate

SCHEDULE CHANGE

I am reporting a change to my schedule yes no.

CURRENT SCHEDULE Year _____ **Quarter:** Fall Winter Spring Summer.

Class Number	Subject	Credit	*Campus Location	Online? Y/N/	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	
					<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	

*Post-9/11 recipients only: Campus Location: indicate if course is taken at a location other than UCSC. 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 _____