

## VETERANS BENEFITS VERIFICATION

Submit form by email to [vets\\_benefits@ucsc.edu](mailto:vets_benefits@ucsc.edu)

**STUDENT**

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

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

Declared/Proposed Major/Graduate Program \_\_\_\_\_ College \_\_\_\_\_

Second Major \_\_\_\_\_ Minor and Minor Department \_\_\_\_\_

Academic level  New Frosh  New Transfer  Continuing  Graduate

**SCHEDULE CHANGE**

**LAST QUARTER**

I am reporting a change to my current schedule    yes  no       This is my last quarter at UCSC      yes  no   
If yes, and enrolled in a minimum of 12 credits, at least one class must fulfill a graduation requirement to be certified at full-time.

**BENEFITS RECEIVED. I receive the following benefits (check all that apply)**

30    35    1606    33    33 Dependent    33 Spouse    Cal Vet Waiver    Military TA: Branch \_\_\_\_\_

Chapter 30, 35, and 1606 recipients: Are you requesting Advance Payment for the Fall quarter?    yes    no

**MAJOR/MINOR DECLARATION**

I am officially declared in a major       yes    no    If yes, have you submitted proof of your declaration of major and an approved Academic Planning form to the Veterans Benefits Office?    yes    no

- yes    **I understand that I am responsible for charges and fees that are not covered by my VA education benefits, and will monitor my UCSC account regularly for any such charges and fees.**
- yes    **I will inform the veterans benefits office of any changes in my enrollment.**
- yes    **I will inform the veterans benefits office if my major changes.**
- yes    **I will inform the veterans benefits office if I need to withdraw or cancel my registration.**
- yes    **I will inform the veterans benefits office if I receive an NP, W, or U grade**
- yes    **I will inform the veterans benefits office if I am placed on Academic Notice.**

**CURRENT SCHEDULE** Year: \_\_\_\_\_ Quarter:    Fall    Winter    Spring    Summer  

Class #	Subject	Catalog #	Credits (units)	*Class Location	Online Class Y/N	Remote Instruction Y/N

\* Class Location: Post-9/11 recipients indicate if course is taken at a location other than UCSC. Do not include remote or online instruction

**CONFIRMATION: I hereby authorize the release of information contained in my UCSC veterans educational file to the Veterans Administration.**

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