



2015-2016

**U.C. VETERANS PROGRAMS & SERVICES (VPS) BENEFITS FORM**

NAME: \_\_\_\_\_ SS# or UC I.D. # \_\_\_\_\_  
(please print)

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Emergency Contact (optional) \_\_\_\_\_ # \_\_\_\_\_ BENEFIT CHPT #: \_\_\_\_\_

NAME OF CURRENT UC COLLEGE: \_\_\_\_\_  
(i.e., CCM, DAAP, BLUE ASH, etc.)

CURRENT DEGREE & MAJOR: \_\_\_\_\_  
(i.e., BA: History, BBA: Accounting, AA: Liberal Arts, etc.) **NOTE:** this information must match what is posted in the UC database for this term.

CURRENT MINOR (if applicable): \_\_\_\_\_

I WILL SUBMIT A **WAIVER** FORM FOR MY UC STUDENT HEALTH INSURANCE: Yes \_\_\_ No \_\_\_

**BY MY SIGNATURE BELOW, I HEREBY AFFIRM THE FOLLOWING STATEMENTS AND AGREE TO THE FOLLOWING CONDITIONS:**

- I acknowledge that I am responsible for immediately informing the UC VPS Office each time I change credit hours or when I cease attending classes. I am responsible for notifying the UC VPS Office of any planned change in my college, degree program, and/or major **prior to the first day** of the term when the change is effective.
- I agree to promptly notify the VPS Office of any change to my student bill (i.e., Scholarships, Military "TA", etc.).
- I will notify the UC VPS Office of planned CO-OP terms at the beginning of the school year and immediately update them of any changes in my planned CO-OP rotation schedule.
- I have reviewed, read, and understand all the Federal Regulations and requirements in relation to the VA chapter of education which I have elected to utilize. (www.gibill.va.gov)
- I agree to comply with VPS Office policies, document requests, and deadlines. I acknowledge that untimely submissions or inaccurate, misleading, or incomplete information will result in delays or discontinuation of my benefit certification and may result in an overpayment of VA benefits.

I understand and accept this responsibility with the knowledge that failure on my part to prudently exercise this responsibility may result in overpayment of VA Educational benefits with the Department of Veterans Affairs and decertification by the University. I agree that any such overpayment that is charged to and paid by the University is my responsibility, and I will indemnify the University for such overpayment and any collection costs which may incur in collecting such overpayment from me.

\_\_\_\_\_  
(Student Signature – In Ink)

\_\_\_\_\_  
(Date)

**RETURN THIS COMPLETED FORM WITH A COPY OF YOUR FINALIZED CLASS SCHEDULE TO:**

Univ. of Cincinnati; Veterans Programs & Services Office  
2nd Floor University Pavilion  
P.O. Box #210121; Cincinnati, OH 45221-0121

FAX: (513) 556-0959  
EMAIL: [VetCert@UC.edu](mailto:VetCert@UC.edu)  
PH: (513) 556-6811