This form records your acknowledgement that one or more of the courses in which you will be enrolled during a given term will be ineligible for U.S. Department of Veterans Affairs educational benefits payment.

List below all classes for which you are enrolled during the specified term that are not required for your current official degree program and are not required as pre-requisite or (VA-approved) refresher classes for your current degree program. Include all audited (“A”) and not-required repeat classes.

Student's Name: _______________________________ First ____________________________ Middle ____________________________ Last ____________________________

UCID: ___________________________________________ Term and Academic Year: ____________________________

(e.g., Fall 2012)

List all courses in which you are enrolled this term that Are Not required by your current degree program:

<table>
<thead>
<tr>
<th>Course Number and Title</th>
<th>Anticipated Term Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

For Chapter #31 (Vocational Rehab) only:

___ VA has agreed to pay for the "not-applicable-to-program" courses that I listed just above; or

___ VA has not agreed to pay for the "not-applicable-to-program" courses that I listed just above.

By my signature below, I hereby affirm the following statements and I agree to the following conditions:

- I acknowledge that the U.S. Department of Veteran Affairs (VA) will not pay veterans educational benefits to me or to UC on my behalf for the course(s) listed on this form because either: 1) the courses are required for graduation in my current degree program major; or 2) because the course are not approved for VA benefits payment.

- I acknowledge that I am responsible for full payment of corresponding tuition and fee charges due to University of Cincinnati for the courses listed on this form for which payment will not be supplied by VA. I will submit this payment in accordance with all UC Bursar’s Office policies and deadlines.

Signature: ____________________________ Date: ____________________________

Return this form to the Registrar’s Office, Veteran Educational Benefits (University Pavilion 5th Floor), or mail to: University of Cincinnati, Office of the Registrar – Veteran Educational Benefits, P.O. Box 210121, Cincinnati, Ohio 45221-0121, or e-mail a signed PDF to vetcert@uc.edu

This form is due to the Registrar’s Office, Veteran Educational Benefits area by the second Friday of the term.