



Annual Declaration of VA Benefits Use

REGISTRAR'S OFFICE

P.O. Box 210121, Cincinnati, OH 45221-0121
Telephone: 513-556-6811; Fax#: 513-556-0959; E-mail: vetcert@uc.edu

This form must be completed and submitted each year. VA benefits certifications for the academic year will not processed until this form is received. Inaccurate information will prevent processing. If you have changed your college, degree program, major and/or VA benefits chapter since last submitting this form, immediately contact the Registrar's Office veterans benefits area.

Student's Name: _____
First Middle Last

UCID: _____ Academic Year: _____
(e.g., 2011-12, 2012-13, etc.)

Current College and Degree: _____

If this is new, what term does it begin: _____ Current Major: _____

List all courses you expect to enroll in this year that Are Not required by your degree program (if applicable):

Table with 4 columns: Course Number and Title, Anticipated Term Taken, Course Number and Title, Anticipated Term Taken

VA educational benefit use for the academic year (check one selection only):

- I will be drawing upon VA educational benefits for this academic year.
I will not be drawing upon VA educational benefits for this academic year.

Non-VA financial aid expected for the academic year (check one selection only):

- I do expect to receive non-VA-benefits student financial aid other than loans and grants as specified: _____
I do not expect to receive non-VA-benefits student financial aid other than loans and grants.

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

- I have been admitted into the University of Cincinnati college, degree program and major that I have listed above;
I both acknowledge and understand that to remain eligible for VA educational benefits under U.S. Department of Veterans Affairs regulations, it is my responsibility to enroll only in courses that are required in my current degree program and major;
I acknowledge that should I enroll in any courses that do not apply to the degree requirements of my current academic program above, it is my responsibility to inform the UC Registrar's Office veterans educational benefits area by submitting a new version of this form by close of business of the second Friday of the full academic term in which the class is taken;
I acknowledge that I am responsible for immediately informing the Registrar's Office veterans educational benefits area each time that I change credit hours or when I cease attending classes. I am responsible for notifying that office of any planned change in my college, degree program and/or major prior to the 1st day of classes for the effective term of that college/program/major change.
I will comply with all UC Registrar's Office veteran educational benefits area policies, document submission and deadline requirements. I acknowledge that a failure on my part to supply all requested information, and/or to submit all requested documents in a timely fashion, and/or a submission of inaccurate, misleading or incomplete information, and/or a failure on my part to comply with all U.S. Department of Veteran Affairs benefits regulations, will result in delays in my being certified for, and ultimately receiving, VA educational benefits — or may result in overpayment that must be returned, or a denial, adjustment, or discontinuation of benefits.
I assume all responsibility for the financial consequences resulting from not complying with all Registrar's Office or VA policies, or from submitting inaccurate or incomplete information, or for failing to submit requested documents. I acknowledge that should I enroll in courses or pursue academic programs that are ineligible for VA educational benefits, or if at any point during the term of this agreement and for any reason the U.S. Department of Veteran Affairs alters or cancels my benefits-eligibility status resulting in a decrease of my benefits percentage payment rate, then I am responsible for full payment of corresponding tuition and fee charges due to University of Cincinnati. 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