

Questionnaire Chapter 31- Vocational Rehabilitation

Name _____ SSN or UC ID: _____

Vocational rehabilitation counselor name: _____

Vocational rehabilitation counselor email: _____

Has your counselor submitted your VA authorization form (28-1905)? Yes _____ No _____

*If **NO** then stop here- we are unable to proceed without your VA authorization

Have you confirmed your admission with UC? Yes _____ No _____

*If **NO** contact the UC Admissions Office (513-556-1100)

When do you plan to start VA benefits at UC? Fall _____ Spring _____ Summer _____ Year _____

Have you attending any other colleges before? Yes _____ No _____

*if Yes then please fill out the section below:

Full Name of Institution

Please indicate by circling:

UNDERGRAD	GRADUATE
UNDERGRAD	GRADUATE
UNDERGRAD	GRADUATE
UNDERGRAD	GRADUATE
UNDERGRAD	GRADUATE

******NOTE:** you must submit ALL prior study records to the UC admissions office****

Please Read and Initial Each Line:

_____ I understand that I am REQUIRED to waive the UC Student Health Insurance (if it is on your bill) before the term begins.

_____ I understand that I am responsible for completing and returning the required paperwork listed for my specific chapter of benefits.

_____ I understand that VA will only pay benefits for classes that have been approved by my program advisor and/or approved by my Voc. Rehab counselor. VA will not pay benefits for surplus classes, non-required repeated classes, or classes that are solely for a future degree goal.

_____ I understand that failure to comply with the rules and regulations of the VPS office in accordance with VA Educational Benefits may result in overpayment of these benefits. I agree that any such overpayment that is charged to and paid by the University and/or any additional collections costs which I may incur in collecting such overpayment will be my responsibility.

_____ UC encourages everyone to apply for financial aid (513-556-6982).

(Student Signature)

(Date)

RETURN THIS COMPLETED FORM:

University of Cincinnati Veterans Programs & Services

2nd Floor University Pavilion Bldg. (Room 230)

PO Box 210121, Cincinnati OH 45221-0121

Email: vetcert@uc.edu Fax: (513) 556-0959 Telephone: (513) 556-6811