BENEFITS REQUEST FORM
SUMMER 20____

Name (First MI Last)_________________________Student U Number________Social Security Num.________VA# if CH. 35

Address New? ( ) Yes ( ) NoApt. # City________State________Zip Code

USF E-mail__________________________Local Telephone #__________________________Work Telephone #

DEGREE MAJOR

DEGREE (ie: BA, BS, MA, Ph.D) MAJOR (ie: Psychology) If applicable, specify concentration. NO ABBREVIATIONS

Is this a change of major? ( ) Yes ( ) No Are you pursuing a dual objective? ( ) Yes ( ) No

Minor:___________________________Future Career:___________________________(If pursuing dual objective)

Second Major:___________________________

I am: ( ) New to USF and VA ( ) New to USF, Continuing VA  ( ) Continuing USF, New to VA
( ) Continuing USF and VA ( ) Enrolled as a Non-degree seeking student (Must have application on file for future term.)

CIRCLE PARENT CAMPUS: TAMPA SARASOTA ST. PETE

Type of Benefits: Veteran Veteran Transferred Dependent Selected Reserve Selective Reserve CURRENTLY CURRENTLY

( ) Veteran Transferred Chap 33 Chap 33 Chap 35 Chap 1606 Chap 1607 CURRENTLY CURRENTLY

( ) Dependent Chap 33 Chap 35 Chap 1606 Chap 1607 ( ) Active Duty Chap 30 Chapter 33

Are you switching to a new GI Bill chapter? ( ) Yes or ( ) No

Are you: Army-Res Army-NG AF-Res AF-NG Marine-Res Navy-Res CG-Res N/A

Last term certified for benefits at USF__________or at another school ________________ AT __________

USF Semester to be Certified: Check each session for which you want benefits
( ) Session A ( ) Session B ( ) Session C

Number of Credits Number of Credits Number of Credits

( ) Non-Standard Term Dates: From ___________ to ___________ for ___ Number of credits

WARNING: If you enroll in non-standard term courses, your VA education benefits may be affected.

CROSS ENROLLMENT STATUS:
( ) I am Cross enrolled at: School ______________ Campus ______________ for ___ Number of credits. (Attach cross enrollment form)

I understand that it is my responsibility to inquire concerning VA regulations. I certify that all courses are applicable to my degree program and meet VA requirements. I further agree to promptly notify the school and VA of any change in my hours or program.

_____________________________ DATE

_____________________________ SIGNATURE

FOR OFFICIAL USE ONLY

ADMISSION STATUS ____________________________

MILITARY CREDIT ON FILE ( Y / N )

USF CURRICULUM CODE _________________

DEFERMENT IN BANNER ( Y / N )

CIRCLE ONE: (FL-RESIDENT / Non-Resident)

CLASSES APPLY TO DEGREE ____________

CFPT

RFV 9/11 Ver 2 Student Veteran Aid Initials
RESPONSIBILITY FORM

This form is required when completing a Benefits Request Form.

As a USF student receiving VA benefits, you are responsible for the following:

PLEASE INITIAL AFTER READING EACH ITEM

- Eligible veterans, reservists, and dependents are responsible for requesting VA Education benefits through the Office of Veterans Services. You must submit a benefits request every semester. __________

- You must contact your academic advisor to ensure class(es) apply to your degree plan. Non-applicable class(es) may result in debt owed to USF or the VA for funds allocated for the class(es). __________

- You must report any classes dropped or withdrawn from immediately to the Office of Veterans Services. __________

- Changes of major must be reported to the Office of Veterans Services. __________

- UNDERGRADUATE VETERANS: I understand that it is my responsibility to have my military transcripts evaluated by USF within the first semester of attendance or I will not be able to request additional benefits until they are evaluated. __________

- Students that withdraw are responsible for repaying tuition and fees to the VA. The ultimate responsibility for the payment of tuition and fees is YOUR responsibility. You will not be allowed to register or attend any further terms until all your financial obligations to the college for the current term are met. __________

- My expected term of graduation is ( Fall / Spring / Summer ) of 20___. ________ Initial

- Chapter 33: I am receiving scholarships or tuition assistance that applies only to tuition & fees. (i.e. cannot be applied to housing, meal plan, etc…) YES ________ NO ________ (If yes, attach SSS addendum)

- Chapter 33: If you are classified as an out of state student, you understand that the VA pays ONLY the in state rates and you are responsible for the additional charges. __________

- If you are classified as an out of state student, you understand the VA pays ONLY the in-state rates and you are responsible for the additional charges. __________

I understand I am responsible for the above actions. Failure to report any changes may result in an overpayment and discontinuance of my VA benefits. I allow USF to discuss my VA paperwork with other schools or the Department of Veterans Affairs if necessary.

U# __________________ Name______________________________ Signature: ________________

Date: ____________ Student Veteran Aid Initials

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