

BENEFITS REQUEST FORM
SUMMER 20____

Name (First MI Last) _____ U _____
Student U Number Social Security Num. VA# if CH. 35

Address New? () Yes () No Apt. # 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
(Circle one) Chap 30 Chap 33 Chap 33 Chap 35 Chap 1606 Chap 1607 ACTIVE DUTY ACTIVE DUTY
Chapter 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.

SIGNATURE DATE

FOR OFFICIAL USE ONLY	
ADMISSION STATUS _____	MILITARY CREDIT ON FILE (Y / N)
USF CURRICULUM CODE _____	DEFERMENT IN BANNER (Y / N)
NOTES _____	CIRCLE ONE: (FL-RESIDENT / NON-RESIDENT)
	CLASSES APPLY TO DEGREE _____
	CFPT

DO NOT SUBMIT THIS FORM UNTIL AFTER REGISTRATION IS COMPLETE

UNIVERSITY OF SOUTH FLORIDA
OFFICE OF VETERAN SUCCESS
4202E FOWLER AVE., ALN 13 0
TAMPA, FLORIDA 33620

Phone: (813) 974 - 2291
Email: ovs@usf.edu

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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