

Veterans Success Center Intake Form

University of California, Davis

One Shields Ave 243 Memorial Union, Davis, CA 95616 | (530)752-2020 | vaoffice@ucdavis.edu | <http://veterans.ucdavis.edu>

Personal Information (Please Print or Type)				
Name (First, Middle, Last):			Student ID:	
Date of Birth:	Phone:	Text: Y / N	SSN:	
Address (VA Permanent):				
Address line 2:		UCD Email: _____@ucdavis.edu		
School Information		Current Military Status		
Declared Major(s)/Programs:		Veteran Reserves ROTC National Guard Active Military...If so, what is your date of discharge? _____		
Campus Location:				
Degree:	AB BS MA MBA JD MD PhD Cred Other _____			
Other Questions	Yes	No	Dependents	Branch (Service members & ROTC)
Are you married?			Mark all that apply: Child Spouse	Army
Do you have children?				Marines
Are you a California resident?				Navy
Did you waive the SHIP insurance?				Air Force
Coast Guard				
Type of Benefits				
<u>Veterans/ROTC Only:</u>		<u>Dependents Only (mark all that apply):</u>		
Chapter 30: Montgomery GI Bill® Chapter 31: Vocational Rehabilitation Chapter 33: Post 9/11 GI Bill® Chapter 1606: Montgomery GI Bill® – Selected Reserve Priority Registration & VSC Usage Only		Chapter 33: Post 9/11 GI Bill® Chapter 35: Survivors' & Dependents Educational Assistance Program (DEA) California Veteran Fee Waiver (state benefit) VSC Services Only		
Paperwork – To be filled out by Veterans Success Center				
Veterans ONLY			Dependents ONLY	
Chapter 30/Chapter 33: Certificate of Eligibility DD 214 – Member 4 Copy Academic Plan Form	Chapter 31: Authorization Form 28-1905 Academic Plan Form UC Davis 3 rd Party Release	Chapter 1606: Certificate of Eligibility Academic Plan Form NOBE (optional)	Chapter 33 (TOE) OR Chapter 35: Certificate of Eligibility Academic Plan Form VA File #: _____ Payee #: _____	Cal Vet: Approval letter

***VSC Work Study Name (VSC Usage only): _____ Date Submitted: _____

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Student Responsibility

Please read the following information carefully and initial each line.

ALL BENEFITS:

Financial Responsibility:

_____ I understand that I am responsible for all tuition and fees. If VA does not pay my balance, it is my responsibility to pay all balances owed. All students incur a financial obligation to the University at the time of registration and must be financially prepared to meet the stated tuition and fee deadlines. Students will be administratively withdrawn from the University if they fail to pay their outstanding obligations.

****CHAPTER BENEFITS ONLY:**

*****Enrollment Status Notification:***

_____ I will ensure that the classes I am taking are required for my degree program. I will NOT use VA benefits “just to take some courses.” Academic progress must be made toward the program degree. If I reduce or terminate my school attendance or otherwise change my school enrollment, I WILL inform the Veterans Success Center immediately. I will be responsible for any overpayment of benefits resulting from these changes.

*****Changes of Program (Degree):***

_____ I must inform the VA Certifying Official immediately if I am changing my major or degree.

*****Academic Plan Form Agreement:***

_____ I understand that failure to report a decrease in units below full time status may result in an overpayment. I understand that at least 12 units each quarter must be reported on my Academic Plan Form and signed off by my advisor for full time status payment. In order for classes to be approved they must go towards your degree attainment.

*****Grading:***

_____ I understand an “I” is considered an **INCOMPLETE** grade. A grade of “I” is reported to VA and it is your responsibility to meet the requirements for the course completion. I understand the VA does not pay for repeated courses in which I originally received a passing grade. Some majors require a “C” or better in particular courses, in this case, VA will pay for repeated courses if my grade does not meet the minimum requirement for my major.

VETERANS SUCCESS CENTER SERVICES:

Please read the following information carefully and sign where indicated.

The code I have been given for the study lounge and kitchen is for my use and will not be shared with anyone. This code is given to you as a member of our VSC community and is a privilege. The lockers are for day use only and will be cleaned out at the end of each day. All items left will be removed. The fridge is cleaned out every Friday afternoon, all items left will be disposed of. The kitchen is always to remain clean. If I make a mess, I will clean it up. These services are available to me all times that the Memorial Union is open.

I acknowledge the above terms and agree to follow them while utilizing the Veterans Success Center.

Students Signature: _____ **Date:** _____

Authorization for Release of Information to a Third Party (optional)

I authorize this named third party individual(s) _____ to receive information regarding my VA Education Benefits record on file with the Veterans Success Center at UC Davis. I authorize custodians from the Veterans Success Center to release such information upon request by the above named authorized third party. I agree to hold harmless the Veterans Success Center against all liability or damage which may incur as a result of release of above named information. This authorization will remain valid from date signed or terminated upon my request.

Signature: _____ **Date:** _____

Print Name: _____ **Student ID:** _____