2015-2016 Post-9/11 GI Bill (Chapter 33) Agreement Form

This form must be completed each semester a student is requesting to use Post 9/11 benefits.

Indicate the term: ___Fall 2015   ___Spring 2016

Section A – Post-9/11 GI Bill (Please read carefully)

1. I understand that by requesting Chapter 33 benefits, I am financially liable to UIC for all charges not covered by VA benefits.
2. I understand that it is my sole responsibility to confirm that my bill with UIC is paid in full each semester.
3. I understand that I am financially responsible for any charges on my UIC account as a result of my withdrawal from the University.
4. I understand that I am financially responsible for repaying VA directly the full amount of VA benefits that were applied to my UIC account, regardless of the pro-rated amount that may be refunded to me by UIC as a result of my withdrawal from the University.
5. I understand that if I have an outstanding balance with VA, future funds will not be disbursed by VA on my behalf until the matter is resolved.
6. I understand I may also be prevented from registering for future classes at UIC if there is an outstanding balance on my account.
7. I understand that IVG will be the first payer of my tuition and fees. Post 9/11 will only cover the difference based on the rate of my eligibility.

Section B – Illinois Veteran Grant (IVG) – Initial the one statement that best fits your situation.

___1. I elect IVG to be the first payer of my tuition and fees. I also understand that I will be exhausting IVG educational points and Post 9/11 educational benefits at the same rate as if I were using only one benefit. There is no proration of either benefit.
___2. I elect not to use IVG.
___3. I do not have IVG eligibility.

Section C – Student Signature

By signing this agreement I certify that I have read and understand the above responsibilities and have appropriately made my IVG selection.

Last Name:_________________________________________ First Name:_________________________ MI:________________

Street Address:____________________________________ City:_________________________ State:________ ZIP:________

Email Address:_____________________________________ Phone Number:________________________

Student Signature:_________________________________ Date:__________________________

ENTER YOUR 9-DIGIT UIN

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