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  ☐ Spring  ☐ Summer

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 will be prevented from registering for future classes at UIC if there is an outstanding balance on my account.

7. I understand that it is my responsibility to notify UIC Student Veterans Affairs if there is a change in my enrollment.

8. I understand that any changes to my financial aid package can result in a change to the tuition and fees reported to the VA. I understand that I will be responsible for any overpayments that may occur.

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

☐ 1. I elect IVG to be the last payer of my tuition and fees. I understand that I will be exhausting IVG educational points and Post 9/11 educational benefits at the same time. The number of IVG units will be prorated based on the percentage of the charges that are not covered by the VA.

☐ 2. I elect not to use IVG.

☐ 3. I do not have IVG eligibility.

Section C – Student Signature

Please select if you are a Veteran or dependent: ☐ Veteran  ☐ Dependent

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

1112 VC33-E B

[Please fill in the grid with the corresponding digits]