UNIVERSITY OF ILLINOIS AT CHICAGO – Office of the Dean of Students

1200 W. Harrison Street, M/C 318 -- Chicago, Illinois 60607 -- Phone: (312)996-1408 Fax: (312)996-6088

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** →

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