

UNIVERSITY OF ILLINOIS CHICAGO – Student Veterans Affairs

750 S Halsted St Street, M/C 117 | Chicago, Illinois 60607 | Phone: (312) 413-5112 | veterans.uic.edu

Academic Advisor GI Bill® Verification

Section A – To Be Completed by Student

Major: _____

Select one: CH 31Voc-Rehab Montgomery GI BILL® | CH 33 Post 9/11 CH 35 -DEA CH 1606 CH 1607

Term and year for enrollment benefits:

My "UIN"

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Fall <input type="checkbox"/>	20_____
Spring <input type="checkbox"/>	
Summer <input type="checkbox"/>	

First _____ M _____ Last _____

Street Address _____ City _____ State _____ ZIP _____

Current Telephone number: _____ UIC Email: _____

I believe I will be eligible to graduate at the conclusion of this semester. Yes No

I am in a fully online program; I do not have the option to take in-person classes at UIC or its extension campuses Yes No

I am enrolled at an extension site this semester: NA Yes

If enrolled at an extension site, check location: Champaign Peoria Quad Cities Rockford Springfield

I affirm that the information provided on this form and any attachments are true and correct. I understand any changes that occur after submission of the form must be reported to UIC's Office of Student Veterans Affairs.

Student Initials: _____ Date: _____

Section B- To Be Completed by Student

Section C - To Be Completed By Advisor (blank boxes = no)

Course Prefix and Number (ex: ART 101)	Course Title	Credit Hours (Full-time status required for full benefits)	100% On-Line course? (Can impact housing allowance)	Remedial? (Must be taken in-person)	Pre-Requisite? (VA will approve when required to enroll in degree courses)	Applicable to degree? (Inapplicable courses are not covered by VA Benefits)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D – To Be Completed by Advisor Total Credits _____

I am authorized to function as an academic advisor for this student and have verified their major, graduation status & criteria of all courses listed above.

Academic Advisor Print Name _____ Advisor's Signature _____ Date _____

Once verified by an advisor, students must upload completed forms to the Upload Advisor form [Link](#).