UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid
1200 W. Harrison Street, M/C 334 -- Chicago, Illinois 60607-7163 -- Phone: (312) 996-3126

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

~This form must be completed once per academic year in order to receive benefits for Fall, Spring and Summer semesters.~

Section A – Post-9/11GI 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 if I withdraw from classes, my tuition and fees will be prorated which may result in a refund from UIC issued to me directly.
4. I understand that I am financially responsible for any charges on my UIC account as a result of my withdrawal from the University.
5. 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.
6. 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.
7. I understand I may also be prevented from registering for future classes at UIC if there is an outstanding balance on my account.

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

____1. I elect to use IVG to cover the difference not covered by the VA Chapter 33 program. I also understand that I will be assessed my IVG educational points at the same rate as if I were only using IVG, even I received a prorated IVG amount. It is my responsibility to ensure that the Office of Student Financial Aid has a copy of my IVG Eligibility Letter.

____ 2. I elect not to use IVG for the 2009-2010 school year.

____ 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** :

0910 VETC33 B