

Student ID Number:		Student SSN:		Pacific E-mail:		
Student Name: (Print)		First	Middle	Phone Number: (	)	
Address:	Street			City	Zip	
College/School: _			Major/Program:			
First Term of enr	ollment: 🗆 Fall	[ Year	□ Spring Year			
Anticipated Grad	uation Date: 🗆	Fall Year	_      Spring Year	Summer Year		
Are you currently enrolled at Pacific?  Yes No Please indicate if you are the:  Veteran  Spouse  Dependent						

## **Statement of Acknowledgement**

## I understand:

- The Department of Veterans Affairs formally establishes eligibility for the Yellow Ribbon Program.
- University of the Pacific cannot override any decisions made by the Department of Veterans Affairs.
- That University of the Pacific will terminate my participation in the Yellow Ribbon Program if I am not in good academic standing and conduct standing or if there is a break in my attendance at Pacific.
- Yellow Ribbon Program funds are distributed on a first-come, first-serve basis, determined by the date applications are received by the V.A. Representative.
- Submitting this form does not guarantee my participation in the Yellow Ribbon Program.
- To the best of knowledge I am 100% eligible for the Yellow Ribbon Program and all the information provided is true and correct.
- By signing this form I certify that I have applied, been admitted and confirmed to attend Pacific in my chosen major/program.

## The information I supplied on this form is true and correct to the best of my knowledge.

Student Signature	Date
Please return completed application and Certificate of Eligibility to:	FOR OFFICE USE ONLY
Office of the Registrar Attn: V.A. Representative Knoles Hall University of the Pacific 3601 Pacific Avenue Stockton, CA 95211	Date stamp:
	Time received
Created 06/10	Staff Initials COE Included