CARSON NEWMAN COLLEGE

VA EDUCATIONAL BENEFITS RECIPIENT
STATEMENT OF UNDERSTANDING

1. I understand that my enrollment will not be certified until this form is submitted to the Carson-Newman School Certifying Official.

2. I understand I must be accepted for admission, declare a major and indicate the semesters of my anticipated enrollment before certification will be submitted.

3. I understand that I will receive VA educational benefits only for courses that meet graduation requirements for the degree I am pursuing.

4. I understand I will not receive benefits for courses repeated if I have already made a passing grade, unless degree completion requires a grade of “C” or better in such courses.

5. I understand I will not receive VA educational benefits for excessive elective hours.

6. I understand that I am to notify the VA School Certifying Official of a.) any changes to class schedule, b.) withdrawal from classes, or c.) change of major or program d.) change of address.

7. I understand satisfactory attendance, conduct, and progress as defined by the college must be maintained in order to continue receiving VA educational benefits. Failure to attend classes may result in loss of educational benefits.

8. I agree to accept liability and assume responsibility for any overpayments of VA educational benefits, particularly when overpayment may result from my failure to officially notify the VA School Certifying Official at Carson-Newman of changes to my enrollment status.

9. I understand that the information provided herein will be used to process my VA educational benefits.

10. I certify that all information contained herein is complete and correct and that I will notify the School Certifying Official of any change in address, phone number or enrollment status (see# 6).

(Please sign and complete the attached page. Return to the college Registrar)
By signing this form, you agree to conditions as outlined in the VA Educational Benefits Recipient Statement of Understanding:

NAME_______________________________________________   SS#__________________________________

SIGNATURE _______________________________________________________________________________ 

Local Phone # ______________________________        and/or Cell # ________________________________

I am a ________ new student     ________ returning student

I plan to enroll:        ________ full time (12+ hours)     ________ 3/4 time (9-11 hours) 

                                 ________ ½ time (6 hours)       ________ less than ½ time 

Indicate semesters of anticipated enrollment:  _____  Fall 05   ____  Sp 06  ____ Sum 06

Returning students must report change of major and/or address. 
Please complete below only to indicate changes:

Major _____________________________   Seeking Teacher Licensure?  ________________

Address_________________________________________________________________________________

City ____________________________________     State ___________      Zip _________________

If you are a new student, please complete the information below:

VA Chapter       ______ 30 (Active Duty)       ______ 31 (Voc Rehab) 

                                 ______ 35 (Dependent)       ______ 1606 (Reserve or Guard) 

                                 ______ Other       ______ 1607

I *have ________ have not ________ previously received VA educational benefits.

**Major_____________________________       Seeking Teacher Licensure?  ________________

Mailing  Address _____________________________________________________________________

City   _____________________________     State ___________ Zip _________________

*Please indicate term, year and institution attended if you were not attending

Carson-Newman College________________________________________________________