CARSON NEWMAN UNIVERSITY

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

5. 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.

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

7. I understand that some chapters require monthly self-verification of enrollment on the GI bill Website, www.gibill.gov in order for payment to be processed.

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 the form to the university Registrar)
By signing this form, you agree to conditions as outlined in the VA Educational Benefits Recipient Statement of Understanding:
VA EDUCATIONAL BENEFITS RECIPIENT STATEMENT OF UNDERSTANDING

NAME___________________  SS#_________________________
                      Last    First    Middle

My signature below indicates that I am aware of and understand the policies and procedures for receiving VA educational benefits:

SIGNATURE ___________________________VA File#________________________

Local Phone # ___________________________ and/or Cell # __________________________

I am a ___ new student     ___ returning student   Email: ____________________________

I plan to enroll:   _____ full time (12+ hours)   _____ 3/4 time (9-11 hours)
                   _____ 1/2 time (6 hours)        _____ less than 1/2 time

Indicate semesters of anticipated enrollment:   _____ FALL 13   _____ SPRING 14
                                               _____ SUMMER 14   _____ Fall 14   _____ Spring 15

Major________________________________   Seeking Teacher Licensure? __________

New Students must complete information below. (Returning students must report change of major and/or address--please complete below only to indicate changes):

Address_________________________________________________________________________________
                      City _______________________________ State ________ Zip ________________

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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)   _____ 1607   _____ 33 (post 9-11)

Are you eligible to participate in the New GI BILL, Yellow Ribbon Program? __________
(If yes, you must provide the SCO a copy of your documents indicating 100% eligibility.)

I *have _________ have not __________ previously received VA educational benefits.

*Please indicate term, year and previous institution attended if you did not attend Carson-Newman University.

_________________________________________________________ term(s) and year(s)__________

Did you receive VA Educational benefits at the above listed institution? _________________