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](http://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:
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)

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

Indicate semesters of anticipated enrollment:  ______  FALL 15   ______ SPRING 16

                                    ______SUMMER 16    ______ fall 16       ______ Spring 17

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? _________________