

# 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:

**VA EDUCATIONAL BENEFITS RECIPIENT STATEMENT OF UNDERSTANDING**

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle VA File# \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

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 18 \_\_\_\_\_ SPRING 19 \_\_\_\_\_ SUMMER 18  
\_\_\_\_\_ FALL 19 \_\_\_\_\_ SPRING 20

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? \_\_\_\_\_  
(If yes, you will need to complete the Change of Place or Program Request form.)