

Welcome to Carson-Newman University. First and foremost, whether you have the title of Veteran, Servicemember or Veteran Dependent, each title requires a service and sacrifice and we would like to say thank you. We are proud to have you enrolled at C-N.

The Office of Military and Veterans Services is the central point that connects all student-veterans, servicemembers and veteran dependents with academic and personal support resources, both on and off campus. Our goal is to support your academic and personal endeavors from acceptance to graduation.

### **C-N Veterans Education Assistance Information Packet**

All students receiving VA educational benefits, Federal Tuition Assistance (FTA), or TN STRONG must complete the following packet to receive education benefits **before** their first certification is completed.

The following are required documents to be submitted by the student:

1. *Certificate of Eligibility* or *Notice of Basic Eligibility* (VA Benefits Only)
2. *Completed copies of the following:*
  - Page 2-3: Student Beneficiary Information
  - Page 4-5: Statement of Understanding Agreement and Acceptance of Responsibilities (keep a copy for yourself as well)
  - Page 6: Letter acknowledging receipt of Carson-Newman policies
  - Page 7: Veteran Information Sheet (*Current servicemembers and veterans only*)

*In addition, Veterans and Servicemembers are required to submit the following:*

Member 4 Copy DD-214  
Military Transcripts (Joint Services Transcripts or CCAF Transcript)

*All documents can be submitted in person, faxed, mailed, or a scanned pdf emailed to the contact information below.*

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### **Office of Military & Veterans Services Contact Information**

Mailing Address:  
Carson-Newman University  
Office of Military & Veterans Services  
C-N Box 71985  
1646 Russell Avenue  
Jefferson City, TN 37760

Office Location:  
MWF: Baker Bldg, Room 107  
TR: 2<sup>nd</sup> Floor, Fite Building, Registrar's Office  
Phone: 865-471-3205  
Fax: 865-471-2013  
Email: [militaryaffairs@cn.edu](mailto:militaryaffairs@cn.edu)

**STUDENT BENEFICIARY INFORMATION**

**Student Information**

Name (Last, First, Middle): \_\_\_\_\_

Social Security Number (Last 4): \_\_\_\_\_ C-N Student ID Number: \_\_\_\_\_

Carson-Newman e-mail: \_\_\_\_\_@cn.edu

Personal e-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Education Information**

Degree Level Seeking:  Undergraduate  Graduate  Doctoral

Major: \_\_\_\_\_

Minor(s): \_\_\_\_\_

Seeking Teacher Licensure:  Yes  No

**Type of Student upon Admission:**

- Traditional freshman
- Transfer Undergraduate (prior college credit – not including military transfer credit)
- Adult Undergraduate Studies
- Second Degree (graduate or doctoral)

First Semester at **Carson-Newman**:  Fall  Spring  Summer Year: \_\_\_\_\_

**Education Benefit Information**

Student Beneficiary Type:  Veteran  Current Servicemember  Veteran Dependent

Are you currently on active duty?  Yes  No

Are you the spouse or dependent of an active duty member?  Yes  No

**Educational Benefit(s) Requesting to use at Carson-Newman:**

- Chapter 30 (Montgomery GI Bill® – Active Duty) (GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government Web site at <https://www.benefits.va.gov/gibill>.)
- Chapter 31 (Vocational Rehab)
- Chapter 33 (**Veteran**- Post 9/11 GI Bill)
- Chapter 33 Transfer of Entitlement (**Dependent** – Post 9/11 GI Bill)
- Chapter 35 (Survivors and Dependents Educational Assistance)
- Chapter 1606 (Montgomery GI Bill – Selected Reserve/Guard)
- Chapter 1607 (Reserve Educational Assistance Program –REAP)
- TN STRONG (TN National Guard)
- Federal Tuition Assistance (FTA)

**Have you previously received VA Educational Benefits at another institution?**  Yes  No

\* If yes, please indicate the institution and years in the space provided below:

Institution Name	Terms and Years Attended

**Chapter 31 Beneficiaries ONLY**

Vocational Rehabilitation and Employment (VR&E) counselor:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Chapter 35 Beneficiaries ONLY**

Sponsor's Information -

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

\*Required for certification of benefits for Ch. 35 Dependents

**TN STRONG Beneficiaries ONLY**

Have you attended Basic Soldier Training (BST)?  Yes  No

Have you attended Advanced Initial Training (AIT)?  Yes  No

**Carson-Newman University VA Educational Benefits**

**Recipient Statement of Understanding Agreement and Acceptance of Responsibilities**

(This form is required for all C-N students who are recipients of VA and other military educational benefits.)

Instructions: Read each section and place your initials on the line after each statement to indicate that you agree with and accept the Statement of Agreement and Acceptance of Responsibilities.

**ELIGIBILITY RESPONSIBILITIES:**

I promise to submit a copy of my Certificate of Eligibility or Award Letter from the U.S. Department of Veterans Affairs to the C-N Office of Military and Veterans Services within five (5) business days of receiving it from VA. \_\_\_\_\_

I acknowledge that once my claim has been processed by the U.S. Department of Veterans Affairs, 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. (GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government Web site at <https://www.benefits.va.gov/gibill>.) \_\_\_\_\_

I understand that the C-N Office of Military and Veterans Services will utilize my C-N e-mail as the official method of communication regarding reminders, paperwork, enrollment certification, courses, etc. It is my responsibility to check my C-N e-mail account regularly. \_\_\_\_\_

I understand that the U.S. Department of Veterans Affairs requires me to maintain proper attendance in all courses for which I receive VA Education Benefits. \_\_\_\_\_

I understand I am not entitled to receive benefits for enrollment in courses which I have previously taken and passed, or for courses which are not required in the degree I am seeking. \_\_\_\_\_

I understand if I make any course adjustments to my enrollment that I must notify the C-N Office of Military and Veterans Services within five (5) business days. I acknowledge that this can impact my Veterans Education Benefits. \_\_\_\_\_

I understand that if I do not complete all my courses or receive a punitive grade that I may be charged an overpayment by the U.S. Department of Veterans Affairs. The overpayment may include tuition, fees, and any other payments made on my behalf by VA. The U.S. Department of Veterans Affairs determines the amount of the overpayment, not C-N. If I have an existing overpayment with VA, my future benefit payments (including tuition and fees) may be withheld by VA until my overpayment is repaid in full. \_\_\_\_\_

I allow Carson-Newman University to discuss my VA paperwork with the Department of Veteran Affairs when necessary. \_\_\_\_\_

**FINANCIAL RESPONSIBILITIES:**

I understand I will not be allowed to register for future courses until all of my financial obligations to the university for the current term are met with student accounts. \_\_\_\_\_

I agree that I am responsible for paying any tuition or fees not covered by my Veterans benefits or other scholarships and that I will set up a payment plan with C-N Student Accounts office for any balance that remains after all financial aid is applied to my account. \_\_\_\_\_



I understand that if I withdraw or drop any classes, I will be responsible for repaying tuition and fees either to the VA or the university. \_\_\_\_\_

I agree to accept liability for any overpayments of Veterans Education Benefits. \_\_\_\_\_

I agree to comply with, and accept responsibility for compliance with, all laws and regulations controlling eligibility for and receipt of Veterans Education Benefits. \_\_\_\_\_

Name (Printed): \_\_\_\_\_

C-N ID# \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_



TO: Carson-Newman University Office of Military Services  
FROM: The Undersigned Student Beneficiary

I have received a copy of the following documents:

Signed copy of Statement of Understanding and Acceptance of Responsibilities

*VA Educational Benefits Policies and Procedures*

*Tuition Deferment Policy*

*Standards for Progress*

*Military Call to Active Duty Policy*

*Academic Credit through the Military*

I have read the above policies and understand my responsibility in compliance to continue to receive Military education benefits at Carson-Newman University.

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

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**VETERAN INFORMATION SHEET** (Only fill out if the student is the veteran.)

**Student Information**

**Name (Last, First):** \_\_\_\_\_

**C-N Student ID Number:** \_\_\_\_\_

**Current Military Status:**

- Active Duty
- Reserves
- National Guard **State:** \_\_\_\_\_
- Active Guard/Reserves (AGR)
- Veteran
- Retired

**Branch of Service:**

- Air Force
- Army
- Coast Guard
- Marines
- Navy

**Current Rank or Rank at Separation:** \_\_\_\_\_

**Years of Service:** \_\_\_\_\_

**Retired from the Military?**  Yes  No

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We welcome you to share any of the following information (optional):

**Have you been deployed?**  Yes  No

If so, how many tours? \_\_\_\_\_

**Tell us about you, your military experience, personal and academic goals, and how we can best serve you.**