



MILITARY AND VETERANS STATEMENT OF UNDERSTANDING

1. I understand that I must first submit required documentation to the Veterans Advisor and the Department of Veteran Affairs in order to receive my education benefits.
2. I must be enrolled in a program of study leading to degree or certificate and have all prior training evaluated by submitting official transcripts and a transcript evaluation request within my first semester.
3. I understand that I am responsible for reporting any changes to include schedule, address, transfer credits, etc. to the Veterans Advisor to avoid discrepancies, over payment, penalty or holdover on my benefits claim.
4. I will ensure that all courses I am taking are required or approved electives within my program of study and I understand that I must make satisfactory progress toward graduation or transfer.
5. I understand that a grade of W may result in an overpayment from the Department of Veteran Affairs. I do not expect to be paid for benefits from any courses completed and passed for which I wish to repeat for other reasons.
6. I understand that courses for which an "I" (incomplete) is awarded must be completed by the end of the subsequent semester (excluding summer) or the Department of Veterans Affairs will reduce my benefits for that course retroactive to the beginning date.
7. I understand that I am responsible for reporting any overpayment of benefits to the Veterans Advisor who reports directly to the Department of Veterans Affairs.
8. I understand that courses scheduled to meet for other than the normal 16-week term or special session courses, especially summer term, may be paid at a different rate based on the length / number of credits.
9. I understand that enrollment in developmental courses will not be certified unless a need is established by a placement test or the approval for enrollment in a developmental course has been documented.
10. I authorize the Veterans Advisor to release my student academic records to the Department of Veterans Affairs Regional Office in Buffalo, New York when needed.
11. I understand that the Veterans Advisor will process my requests for education benefits after this form has been signed and my class schedule has been approved. I do not expect to get paid for any courses that are not approved by the Department of Veterans Affairs.

Print Name: _____ Student ID: _____

Signature: _____ Date: _____