

# Student Statement of Understanding Regarding Receipt of VA Education Benefits at



Name: \_\_\_\_\_  
ID #: \_\_\_\_\_

Initial

I understand the following documents are REQUIRED to be submitted to A-B Tech:

- Certificate of Eligibility (proof of benefit)
- Transcripts from ALL prior education including high school, college, and military

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I understand that I **MUST notify the VA Coordinator EVERY term after I register for classes**. If I do not notify the VA Coordinator of my registration, I understand no classes will be certified to the VA and my classes may drop for non-payment.

\_\_\_\_\_

I understand that if I make changes to my schedule or my program of study I **MUST** notify the VA Coordinator within one week of the change. Failure to do so may result in debts, overpayments, and/or delayed payments.

\_\_\_\_\_

I understand that I have a student email account that I must monitor on a daily basis. This student email account will be used as the primary method of communication with school employees. If there is an issue with my schedule or certification, this is the means by which the VA Coordinator will contact me. I understand that failure to address these emails in a timely manner will result in delayed benefit payments.

\_\_\_\_\_

I understand that if I withdraw from any course(es) that I must complete the withdraw form and have my instructor sign and provide my last date of attendance.

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I understand that I must declare a program of study and that my VA Education Benefits will **ONLY** cover classes that are REQUIRED for the completion of my program. Furthermore, I understand that classes which have been previously passed or for which transfer credit has been awarded may not be certified to the VA.

\_\_\_\_\_

I understand that if my VA Benefits do not cover my costs at the school for any reason that I am responsible for the charges owed to A-B Tech. Furthermore, I understand that the VA does **NOT** cover out-of-state tuition charges and that if I am charged as an out-of-state student I will have a balance owed to A-B Tech, for which I will be responsible.

\_\_\_\_\_

The following applies to Montgomery GI Bill (Ch 30) and Dependents Educational Assistance (Ch 35) students only: I understand that I must verify my attendance at the end of each month by calling 1-877-823-2378 or visiting [www.gibill.va.gov/WAVE](http://www.gibill.va.gov/WAVE).

\_\_\_\_\_

By initialing above and signing below I acknowledge that I have read the above disclosures and asked all questions I have relating to this information. I understand that failure to follow the terms set forth in this document may result in debts owed to the school and/or the VA and possibly discontinuance of my VA Education Benefits.

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

Date: \_\_\_\_\_