



Veterans Educational Assistance Office
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 www.athens.edu
YOUR UNIVERSITY. YOUR WAY.

VETERANS INFORMATION AND STATEMENT OF UNDERSTANDING

Name _____ Date _____ Entering Semester _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 V.A. Claim Number (for Ch.35 dependents) _____
 E-mail _____ S.S. Number _____

Benefit Status: Please Check one of the following:

- Montgomery GI Bill (CH30) GI Dependent (CH35) Rehabilitation (CH31)
 National Guard/Selective Reserve (CH1606) Post 9/11 (CH33)

Are you currently on Active Duty? Yes No Major (and minor if applicable) _____

Please read and initial the statements listed below:

Initials _____ After all initial paperwork is processed to start my VA educational benefits at ASU I will notify the ASU VA Office of my registered classes EVERY semester.

Initials _____ If I change my address, phone number, major, hours enrolled (drop/add), total withdrawal, last name, etc. at any time during a semester or if I make changes before the semester begins, I will notify the VA Office IMMEDIATELY of these changes.

Initials _____ VA will only pay for courses that meet graduation requirements for my degree plan. I understand that if I take a course and then receive prior credit for the course (includes military credit applied for); I will have to pay the VA back for the course taken at ASU.

Initials _____ VA will only pay for courses that apply to my degree plan which includes the general education requirements, pre-professional requirements, professional requirements, and electives if needed.

Initials _____ I understand that it is my responsibility and in my best interest to meet/make contact with my assigned faculty advisor every semester to make sure I am taking the classes I need to graduate (degree-seeking students only).

Initials _____ The VA will not pay for a minor unless it is required for my major.

I have read the above statements and understand my responsibilities.

Signature

Date