VETERAN SERVICES STATEMENT OF UNDERSTANDING

To successfully use my educational benefits from the Department of Veterans Affairs, there are certain requirements necessary to ensure timely payment of benefits and prevention of overpayments and debts. Please review the following requirements and initial each.

_______ I will provide the Veteran Services Office (VSO) a copy of my VA Certificate of Eligibility (COE) /Award Letter (COE) before the end of my first semester of attendance.

_______ I will ensure all transcripts from previous colleges and military credits are provided to Registrar’s Office in Building 2 prior to completion of my second semester.

_______ I will complete and submit a VA Certification Request for each semester to the Veteran Services Office.

_______ I am responsible for reporting all schedule changes immediately to the VSO (veterans@pensacolastate.edu) to prevent overpayments and certification errors.

_______ I will limit my registrations to classes required for graduation as listed for my current degree program and catalog year.

_______ I understand all changes, drops and withdrawals must be processed prior to the end of the published schedule adjustment date (drop/add period ends) or I will be responsible for all charges assessed.

_______ I understand if I withdraw, fail, or stop attending a class before the end of the term, grades of “W” or “F” will be assigned. This may result in a reduced payment or overpayment of benefits for which I will be responsible. Any recoupment to the College or the Department of Veterans Affairs will be my responsibility.

_______ I understand if I register for a class and fail to begin attendance in the class without processing a formal withdrawal during the authorized schedule adjustment period, the tuition (in full) for the class will be my responsibility.

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_______ I understand if I register for a class and fail to begin attendance in the class without processing a formal withdrawal during the authorized schedule adjustment period, the tuition (in full) for the class will be my responsibility.

_______ I understand if I am eligible for a stipend or housing allowance, on or around the 1st of each month is when I should receive the prior month’s allotted amount. Due the volume of certifications, it may take 4 to 6 weeks for your initial payment. Any concerns about payments of benefits will be resolved by you with the DVA Regional Office a 888-442-4551. Call the VSO if you have any problems.

_______ I understand I will be paid only for time spent in class, not for breaks between semester, and all allowances are prorated to reflect these partial months of attendance. For example, if the semester starts on the 7th of the month, my payment will be reduced to reflect attendance from the 7th through the end of the month, only.

_______ I understand, if I am receiving CH 30, 1606 or 1607, I must certify my enrollment at the end of each month with the VA through W.A.V.E. online at www.gibill.va.gov or by calling 877-823-2378. Chapter 35’s Certificate/ABE students will call 888-442-4551.

_______ I understand if my educational benefits do not cover the total cost of my tuition/fees, I am responsible for the balance by fee payment due date. Any unpaid balance after fee payment due date may result in my schedule cancelling. Processing a VA deferment will ensure my schedule will not cancel. The deferment balance must be paid in full prior to registration for any subsequent term.

_______ I understand should I fail to pay any outstanding balance, including the deferment, no college transcripts will be released and I will be responsible for all costs of collection incurred by Pensacola State College including reasonable attorney fees.

_______ I understand I must check my Pirate Mail account weekly to ensure I am receiving all communications from the Veteran Services Office. Failure to do this can lead to a delay in the certification of my classes and receipt of benefits.

_______ Lastly, I understand I must make satisfactory progress toward graduation.

_____________________________  ________________________
Signature                              Date

_____________________________
Print Student Name

_____________________________
VA Peer

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