



VETERANS' AFFAIRS STATEMENT OF UNDERSTANDING

(Initials)

- _____ 1. I understand that it takes 4 to 8 weeks for the VA Regional Office to Process my educational benefits. Payment is paid retroactive to the beginning of the semester.
- _____ 2. I understand that it takes the Grossmont VA Office approximately 2-4 weeks from the date I fill out my intent form for submission to the VA in Muskogee.
- _____ 3. I understand that all official transcripts of prior college work and military schools, including copies of form DD-214 must be **on file and evaluated** by the end of the **FIRST SEMESTER** of attendance at my primary college.
NOTE: Failure to submit official transcripts will delay further VA enrollment certifications.
- _____ 4. I understand that each semester, I will be required to complete a "VA Intent Form" in order to utilize & continue my educational benefits.
- _____ 5. I understand that an education plan must be on file **prior to** certification.
- _____ 6. I understand that it is my responsibility to report any changes (Adds/Drops/Withdrawals) to the VA office immediately.
- _____ 7. I understand that all classes taken each semester must apply to my major according to my education plan.
- _____ 8. I understand that failure to enroll in proper classes may result in an overpayment and the reduction or termination of benefits. The veteran and/or dependent assumes **FULL** responsibility for any overpayment of Veterans Benefits.
- _____ 9. I understand that I will get paid for the dates I actually attend class (For example, 8 and 5 week short term sessions only pay for that specific term and are not counted towards a full 16 week semester).
- _____ 10. I understand that I **MUST** take the Math & English assessments by the end of my first term at Grossmont College or submit assessment scores from a previous college.
- _____ 11. I understand I need to notify the VA if change my residency status or receive a fee waiver after I have already been certified.
- _____ 12. I understand that If I fail to report enrollment changes (dropping a class, adding a class, stop attending a class), this could result in delays, overpayments, or termination of my VA Education Benefits.
- _____ 13. I understand that it is my responsibility to fill out a failure notice at the Grossmont VA Office. If this notice is not received by the deadline, it will result in an overpayment of benefits.
- _____ 14. I understand that **Overpayment** is my responsibility.

I have read and fully understand the provisions stated above. I hereby certify that I am in full compliance with the terms listed above in this document.

Print Name

Student ID

Signature

Date