



# Feather River College

## Office of Veterans Services

**Spring 2010**

### STATEMENT OF UNDERSTANDING

**Please read the following statements and initial in the space provided.**

**This form must be completed each semester.**

\_\_\_\_\_ I understand that I have met or will meet with a counselor to assure compliance with my educational objective.

\_\_\_\_\_ I understand that I must submit a statement of understanding every semester before my enrollment will be certified and that it takes 4 to 8 weeks for the VA Regional Office to process my educational benefits.

\_\_\_\_\_ I understand that the VA does not pay for “recommended courses,” challenged classes, any class that I have not met the assessment requirements for, or any class that is not part of my Educational Plan. Failure to take the proper courses will result in an overpayment and the reduction or termination of benefits. Veterans and Dependents assume full liability for any overpayment of veterans’ benefits.

\_\_\_\_\_ I have provided or will provide official transcripts to the Feather River College Admissions and Records Office for all colleges I have attended. NOTE: Failure to submit official transcripts will cause a delay for future benefits.

\_\_\_\_\_ I will promptly notify Feather River College Veterans Office of any classes that I add, drop, or stop attending during the semester. I will also keep my address up-to-date with the Veterans Office.

\_\_\_\_\_ In order to continue VA Educational Benefits, I must maintain Satisfactory Academic Progress. This means maintaining at least cumulative 2.0 GPA.

\_\_\_\_\_ I understand that classes that do not meet for the full length of the semester are only paid during the periods those classes meet.

\_\_\_\_\_ I understand that by signing this form I authorize the release of any and all information concerning my VA benefits, class schedule, and grade report (transcripts) to all Feather River College Veterans Office Staff, VA personnel, and contractors.

\_\_\_\_\_ I understand that failure to comply may result in termination of VA Educational Benefits.

I hereby certify that all statements are true and complete to the best of my knowledge.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Personal Contact Information

Please print clearly

Student Name: \_\_\_\_\_  
Last First Middle

Mailing Address - Street and/or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Email Address: \_\_\_\_\_