

J. Sargeant Reynolds Community College
Veterans' Education Benefits Certification Request
Statement of Understanding

1. I understand that I must first submit required documentation to Certifying Official/Advisor and to the Department of Veterans Affairs prior to requesting my education benefits. (This applies to any chapters, both new or transient/guest students).
2. I must be officially placed in a program of study leading to a standard college degree or certificate and have all prior training evaluated within 120 days of my initial certification for education benefits. If I have completed a bachelor's degree or higher, this information must be reported with my initial claim for benefits. Failure to do so will result in non-payment on my benefits for the current term that I am enrolled.
3. I understand that my Certifying Official/Advisor will hold me responsible to report any changes made to my program, schedule, address, transfer credits, etc. to avoid discrepancies, over payment, penalty or holdover on my benefits claim.
4. I will insure that all courses I am taking are required or approved electives in my program of study and I understand that I must make satisfactory progress toward graduation or transfer.
5. I understand that grades of W, I, X, or R for non-developmental courses may result in an overpayment from the Department of Veteran Affairs. I do not expect to be paid for benefits from any courses completed and passed but wish to repeat for other reasons.
6. I understand that courses for which an "I" (incomplete) is awarded must be completed by the end of the subsequent semester (excluding summer) or the Department of Veterans Affairs will reduce my benefits for that course retroactive to the beginning date.
7. I understand that the Certifying Official/Advisor School will hold me responsible to report any overpayment of benefits directly to the Department of Veterans Affairs in New York.
8. I understand that courses scheduled to meet for other than the normal 16-week term or special session courses, especially summer term, may be paid at a different rate based on the length and number of credits enrolled.
9. I understand that enrollments in developmental courses will not be certified unless a need is established by a placement test or the approval for enrollment in a developmental course has been documented.
10. I authorize the Certifying Official/Advisor to release my student academic records to the Department of Veterans Affairs Regional Office in Buffalo, New York when needed.
11. I understand that the Certifying Official/Advisor will process my requests for education benefits after this form has been signed and my class schedule has been approved. I do not expect to get paid for any courses that are not approved by my Certifying Official/Advisor, based on the School and the Department of Veterans Affairs guidelines for certification.

Print Name: _____

Empl ID: _____

Mailing Address: _____

Program Plan: _____

Telephone Number: _____

Chapter Number: _____

VCCS Email: _____

VA File Number: _____

Signature: _____

Date: _____