



STATEMENT OF RIGHTS AND RESPONSIBILITIES FOR VETERANS RECEIVING VA BENEFITS

Name _____ # _____
(Student ID Number)

Program _____ SSN # XXX-XX-____

I UNDERSTAND THAT:

- I have read and familiarized myself with the Western Seminary Academic Catalog and Semester Schedules and I will consult with my faculty advisor to ensure that I understand the course requirements. My degree or certificate objective is:

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- All classes I take must apply directly toward my degree objective. If I drop a class or take a class that does not apply to my degree objective, I will be responsible for any overpayment that is due to the VA.
- I will be responsible to Western Seminary for any amount of tuition and fees that are not covered by the VA.
- **Certification of enrollment is not automatic.** It is **my responsibility** to notify the School Certifying Official of my status of enrollment each semester.
- I must promptly notify the School Certifying Official whenever I add, drop, change, or enroll in classes. Drops and withdrawals from classes may result in a reduction or termination of veteran education benefits for current or future enrollment certification periods. I must report any changes in my enrollment status.
- It is my responsibility to obtain official grade transcripts from all colleges or postsecondary schools that I have previously attended, whether or not VA education benefits were received.
- The VA will not pay for audits or repeats of successfully completed classes.

I have read and understand the above statements and authorize Western Seminary to release information to the VA about me necessary for the processing of my VA educational benefits. I understand a file will be maintained by the seminary to meet compliance with VA regulations and for reporting and record keeping. I understand I am solely responsible for contacting the VA and/or Western Seminary with questions regarding my file. Seminary records may be reviewed by authorized VA representatives to ensure compliance with applicable laws and regulations.

Signature _____ Date _____
