



Statement of Understanding of VA Education Benefits Responsibilities

Name:	_____
ID:	_____
SSN:	_____

Office of Financial Aid
671 Winyah Drive • Orlando, FL 32803
Phone: 407-303-6963 • Fax: 407-303-7680
www.ahu.edu

I understand that I am responsible for insuring that:

- I apply for VA Initial Benefits (Form 22-1990) or Change of Programs or Place of Training (Form 22-1995) at <https://www.va.gov/education/>, and a copy of my Certificate of Eligibility must be sent to the AHU School Certifying Official)
- My course work is part of a program of study for my major, as approved by my academic department, and identified in the Academic Bulletin
- All my previous course work, including military schools, is evaluated and appropriate credit awarded.
- Transfer credit is reported to the AHU School Certifying Official by the end of my second trimester or my VA Education Benefits will be terminated
- I must have prior VA Approval to add a dual degree, double major, or minor
- My major and all courses, for which enrolled, are listed in the school catalog for my catalog year

I understand that I must provide the following documents as indicated:

- Copy of my Certificate of Eligibility, Change of Program, or Place of Training form
- Transcripts from all previous colleges and universities must be requested and on file with the Office of the Registrar
- Copy of DD-214, DD-295 or military transcripts certifying completion of military courses before the completion of the first trimester to the Financial Aid Office
- An Enrollment Certification Form every trimester that I wish to utilize my Education Benefits

I also recognize that it is my responsibility to notify the Financial Aid Office at any time that I:

- Drop a course after the add/drop period has ended
- Change my mailing address, telephone number, or name
- Change my major
- Withdraw from AdventHealth University
- Become Dual-enrolled at AdventHealth University and another institution
- Take a course which will not be counted towards my degree
- Take a non-credit preparatory course(s)
- Have exhausted my Education Benefits

Signature _____ Date _____