Belmont University
Veteran Affairs Benefit Statement of Responsibility

Name _____________________________________ Belmont ID# __________________
E-mail address ___________________________________ VA file # ______________
Current mailing address ___________________________________________
(Street) (City and State) (Zip Code)
Phone __________________ Degree Seeking ____________________________
Major: __________________

Please mark an ‘X’ next to the Veteran Affairs Program under which you have elected to receive education benefits:

_______ (Chapter 30) Montgomery G.I. Bill
_______ (Chapter 1607) Montgomery G.I. Bill (Selective Reserve)-REAP
_______ (Chapter 1606) Montgomery G.I. Bill (Reserve/National Guard)
_______ (Chapter 35) Dependent of Disabled Veteran G.I. Bill
_______ (Chapter 31) VA Vocational Rehabilitation
_______ (Chapter 33) Post 9/11 GI Bill
_______ Yellow Ribbon Program

1. Have you attended other colleges? ______________________________
2. If yes, what institutions? ______________________________________
3. Did you receive VA benefits at the previous institution? Yes ___ No____
4. Are you repeating any courses this academic year? _____ If yes, which courses? __________________________________________

6. Anticipated date of graduation? _________________________________

Please be advised that Belmont University offers nonstandard/accelerated (5 weeks, 8 weeks and 10 weeks) courses each semester and three summer sessions. These courses may affect the enrollment status and vary the benefit amount to recipients.

Changes in course enrollment after the university’s drop and add period may result in a retroactive loss of monetary benefits unless Veteran Affairs declares mitigating circumstances. VA does not pay for nonpunitive grades (i.e. W, WP or AU). If a final grade of ‘FN’ is assigned for non-attendance, you will be liable to repay benefits to the Department of Veteran Affairs effective the last date of attendance in the course. If a punitive final grade of ‘WF’ is assigned, you may also be liable to repay benefits to the Department of Veteran Affairs effective the last date of attendance in the course.

I am aware that changes in my registration may alter the VA educational benefits. I understand that I am responsible for returning any overpayment to the Department of Veterans Administration. I am knowledgeable that I must inform the VA School Certifying Official at Belmont University of any registration changes during the semester. I acknowledge my financial obligation for any outstanding balance not covered by GI Bill benefits, other financial aid or loans. I hereby certify that I have read this form entirely and all statements are true to the best of my knowledge and belief.

Signature: __________________________________ Date: ____________

Review your registration schedule each semester. If you have any discrepancies or questions, contact the School Certifying Official/Veteran Affairs Coordinator located in the Registrar’s Office immediately at 615-460-6871.

Revised 03/10/2014