



Office of Financial Aid
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Statement of Rights & Responsibilities for Veterans Educational Benefits

Name: _____ SSN# _____ Chapter# _____

This form indicates that you are interested in receiving Veterans Educational Benefits at Virginia Wesleyan University (VWU). Please read through the following rights and responsibilities statements carefully, initial and then sign. Return a copy of this form to the VA Certifying Official at Virginia Wesleyan University.

****Please also submit a copy of the Certificate of Eligibility (COE) that you received from the VA. Your VA file at Virginia Wesleyan will not be complete without these forms.****

I UNDERSTAND THAT:

- _____ I must notify the VA Certifying Official at Virginia Wesleyan if I change my degree objective (major).
- _____ All classes I take must apply directly toward my declared degree objective and graduation requirements. If I take a class that does not apply to my degree objective or grad requirements, I will be responsible for any overpayment that is due to the VA.
- _____ I must report any changes in enrollment status to the VA Certifying Official at VWU. I will be responsible for any overpayment that is due to the VA (in cases of dropped classes AFTER add/drop period).
- _____ I am responsible for verifying my enrollment each month with the VA if I have chapter 30, 1606 or 1607 benefits. Monthly verifications can be done by telephone at 877-823-2378 or WAVE (Web Automated Verification of Enrollment) at <https://www.gibill.va.gov/wave/index.do>.
- _____ The VA will pay for Tuition and Fees. The VA does NOT pay Room & Board.
- _____ It is my responsibility to arrange payment for Room & Board by the specified due date on your billing statement, regardless of when Veterans Benefits (i.e. Housing Allowance/Book Stipends) are received by me.
- _____ I am responsible for making Satisfactory Academic Progress (SAP) toward my degree objective. The Financial Aid SAP policies are outlined in the Virginia Wesleyan University Catalog.
- _____ The VA will not pay for audit classes or repeats of successfully completed classes.
- _____ The VA will not pay for classes that are graded with an **NP** (no pass), **W** (withdrawal), or **X** (no grade). The VA will not pay for a class with an **F** that was a resulting from lack of attendance. I am responsible for any overpayment that is due the VA resulting from one or more of the above grades.
- _____ The maximum time allowed to complete an **I** (Incomplete) is one semester. I will be responsible for any overpayment due to the VA if an **I** (Incomplete) grade is not reflected as a completed grade or if an NP, W, or X is assigned.

I have read and understand the above statements and authorize Virginia Wesleyan University to release information about me necessary for the processing of my VA Education Benefits. I understand a file will be maintained by the college to comply with VA regulations and for reporting and record keeping. I understand I am solely responsible for contacting the VA and/or VWU with questions regarding my file. VWU records may be reviewed by authorized VA representatives to ensure compliance with applicable laws and regulations.

Signature: _____ Date: _____

For clarifications regarding the application process and/or this form, please contact Melanie Monk (School Certifying Official) via email at mmonk@vwu.edu or 757-455-3207.