



WESTERN
CONNECTICUT
STATE UNIVERSITY

Office of Veterans Affairs

STUDENT STATEMENT OF UNDERSTANDING

Old Main, Room 206 • 181 White Street, Danbury, Connecticut 06810
Phone: (203) 837-8840 • Fax: (203) 837-8011

Every Student-Veteran MUST read and understand the following:

I, the student, am responsible for taking the following actions:

1. Inform the Veterans Affairs Coordinator immediately of changes to my student status, including but not limited to:

- Change of program of study
- Change of course load (reduction or increase in classes or credits)
- Withdrawal from courses of university attendance
- Change of address or contact information

2. Follow the official withdrawal procedures of the university if I should decide to withdraw from a course, withdraw from the university attendance or take a Leave of Absence.

3. Maintain standards of SATISFACTORY ACADEMIC PROGRESS as set forth by the university.

I understand that failure to carry out all of the above may result in suspension of my education benefits and subject me to liability for recovery of overpayment. The Privacy Act of 1974 requires that all students be informed that the Department of Veterans Affairs and the appropriate state agencies may audit information relevant to and necessary for determining entitlement to any and all VA benefits.

I, _____ have reviewed and understand all items enumerated above,
(Print Name)
 have secured answers to my questions, and certify that I will comply with all regulations set forth by the Department of Veterans Affairs and Western Connecticut State University.

Student Signature: _____ Student I.D. #: _____

Date: ____ / ____ / ____



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