



WESTERN
CONNECTICUT
STATE UNIVERSITY

Office of Veterans Affairs

STUDENT STATEMENT OF UNDERSTANDING

Old Main, Room 101 · 181 White Street, Danbury, Connecticut 06810
Phone: (203) 837-8840 · Fax: (203) 837-8326

Every Student-Veteran & Dependents 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.
4. I understand I can only be certified for Veterans Affairs Educational Benefits for classes directly required by my WCSU degree program and I cannot take excess classes simply to be full-time.

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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VETERANS EDUCATIONAL REGISTRATION FORM

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In order to receive benefits, please complete and submit this form to the Office of Veterans Affairs in Old Main 101. Failure to do so will delay receipt of most VA benefits.

Name:			WCSU Student ID #:			
(Last)	(First)	(M.I.)				
Address:						
(Street)		(City)	(State)	(ZIP)		
Telephone:			SSN:			
Email:						
Expected Degree Certificate: <input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> BBA <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MFA <input type="checkbox"/> BM <input type="checkbox"/> MBA						
Major:			Expected graduation date:			
Term for which you are applying for benefits: <input type="checkbox"/> Fall/year___ <input type="checkbox"/> Spring/year___ <input type="checkbox"/> Intersession/year___ S / W						
Circle ALL the benefits you are applying to receive:						
<input type="checkbox"/> CHAPTER 30: Montgomery GI Bill	<input type="checkbox"/> CHAPTER 31: Voc Rehab (Incl. VA Form 28-1905)	<input type="checkbox"/> CHAPTER 33: Post 9-11 GI Bill	<input type="checkbox"/> CHAPTER 35: Dependents	<input type="checkbox"/> CHAPTER 1606: Reserve/Guard	<input type="checkbox"/> CT National Guard Tuition Waiver	<input type="checkbox"/> Connecticut Veterans Tuition Waiver
Are all the below classes required by your degree program? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you currently on Active Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been accepted to WCSU? Yes <input type="checkbox"/> No <input type="checkbox"/>			In-State? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Class Schedule - Complete all of the following AND attach a copy of your current schedule:

SUBJECT	#	COURSE TITLE	CREDITS	LAB?	ONLINE?	REPEAT?	SUMMER SESSION
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

By signing, you certify the courses listed above are directly related to your intended degree and course of study at WCSU. Please notify the Office of Veterans Affairs if the courses do not.

Student Signature: _____ Date: ____/____/____

FOR OFFICIAL USE ONLY

Official's Signature: _____ Date: ____/____/____

