
Name _____ HSU ID# _____

Address _____ VA File # _____

City _____ State _____ ZIP _____ Benefit _____

Contact Phone # _____ HSU Email _____

Major/Option _____ 2nd Major _____

Minor _____ Semester Year

Student's Responsibilities:

1. You must register in courses that are required for the educational objective you have selected. The Department of Veterans Affairs only pays benefits for those courses which are part of an approved degree program, and have not been previously and successfully completed. Please refer to your Degree Audit Report (DARS) and/or contact VETS or your major advisor to be certain the classes you are taking will apply towards you degree.
2. If you wish to change your major, you must notify VETS within 10 days of submitting a Change of Major form to the Registrar's Office.
3. You have 10 days to report adds or drops to VETS. Changes in enrollment after the last day to drop and add courses may result in the retroactive loss of benefits unless the VA finds mitigating circumstances involved in the change. Loss of benefits could revert back to the first day of class.
4. You must report grades of "W" (Withdrawal) and/or "WU" (Unauthorized Withdrawal) to VETS within 10 days. Your VA payment is based on the "pursuit" of your program so you must be enrolled and successfully completing your courses to be eligible for VA benefits. All grades of W and WU will be reported to the VA and may result in the retroactive loss of benefits.
5. If any changes are made to your percentage of eligibility, we strongly recommend you turn in an updated Certificate of Eligibility.
6. You will be liable for any overpayment you might receive from the Department of Veterans Affairs and/or overpayments made to the university on your behalf. All overpayments must be repaid directly to the USDVA; interest and administrative fees may be assessed and added to the original amount of the debt.
7. If you have been discharged from active duty, please submit a copy of your DD214 to VETS.

I have read and fully understand the information given to me in this contract. I understand that failure to follow this information could result in a reduction or cancellation of my benefits. If I have any questions, I will contact VETS for clarification.

Signed By _____