



Statement of Understanding

Office of Financial Aid

671 Winyah Drive • Orlando, FL 32803

Phone: 407-303-6963 • Fax: 407-303-7680

www.ahu.edu

Name: _____	Date: _____
SSN: _____	ID: _____

I understand that I am responsible for insuring that:

- I apply for VA Initial Benefits (Form 22-1990) or Change of Programs or Place of Training (Form 22-1995) at <http://vets.gov> (print out a copy of the application and submit it to ADU Financial Aid Office).
- I have read the AdventHealth University VA Handbook.
- My course work is part of a program of study for my major, as approved by my academic department, and identified in the Academic Bulletin.
- All my previous course work, including military schools, is evaluated and appropriate credit awarded.
- Transfer credit is reported to the Financial Aid Office by the end of my second trimester or my VA Educational Benefits will be terminated.
- I must have prior VA Approval to add a dual Degree, double major or minor.
- My major and all courses, for which enrolled, are listed in the school catalog for my catalog year.

I understand that I must provide the following documents as indicated:

- Copy of the VA Application or Change of Program or Place of Training form.
- Transcripts from all previous colleges and universities must be requested and on file with Student Records.
- A current Award Letter and Certificate of Eligibility, within 60 days of applying for benefits to the Financial Aid Office.
- Copy of DD-214, DD-295 or military transcripts certifying completion of military courses before the completion of the first trimester to the Financial Aid Office.

I also recognize that it is my responsibility to notify the Financial Aid Office at any time that I:

- Drop a course after add/drop period.
- Change my mailing address or telephone number.
- Change my major.
- Withdraw from the University.
- Become Dual-enrolled at AdventHealth University and another institution.
- Take a course, which will not be counted towards my degree.
- Take a non-credit preparatory course(s).

Signature _____ Date _____