



2018-2019 VA Responsibilities and Certification

Office of Financial Aid

671 Winyah Dr.

Orlando, FL 32803

Ph. 407-303-6963 | Fax 407-303-7680

www.ahu.edu

Name: _____	Date: _____
SSN: _____	ID: _____
Birth date: _____	Phone: _____
Email: _____	
Address: _____	

Responsibilities

- Eligible Veterans and Dependents are responsible for notifying the V.A. Certifying Official in the Financial Aid Office at AdventHealth University of their intention to apply for V. A. benefits each award year.
- Register only for courses that will apply to your degree program.
- **Promptly report any changes (withdrawals, audits) in your enrollment to the Certifying Official on campus. Failure to do so may result in an overpayment.**
- Any change of major must be reported **IMMEDIATELY!**
- If there has been a change in your name or address, please request a Name/Address Change form from the Financial Aid Office.
- Submit a copy of your VA award letter to the Financial Aid Office.

Check the benefit you're receiving.

- Chapter 30 (Montgomery G.I. Bill)
- Chapter 31 (Vocational Rehab)
- Chapter 33 (Post 9/11 Benefit)
- Chapter 35 (spouse receiving benefit)
- Chapter 35 (child of Veteran receiving benefit)

Are you on Active Duty/Reserves?

- Yes
- No
- CHPT 1606
- CHPT 1607

Will you be applying for state financial assistance?

- Yes
- No

Will you be applying for Federal financial Assistance?

- Yes
- No

Degree Goal: (check the appropriate one)

- A.S. B.S. M.S. (Pre-Program Courses):
Major Desired _____
- A.S. B.S. M.S.
Major _____
- Transient Student (Must have a Transient form on file) List School Below.
School: _____

Breakdown of Credits.

- Fulltime
Undergrad: 12 or more
Graduate: 8 or more
- ¾ Time (Three Quarters)
Undergrad: 9-11 credits
Graduate: 6-7 credits
- Halftime
Undergrad: 6-8
Graduate: 4-5
- Less than Halftime
Undergrad: 5 or less
Graduate: 3 or less

List the number of credits for each semester you plan to attend.

Fall '18 _____ Spring '19 _____ Sum '19 _____

I understand and realize that I am responsible for the above. Failure to report any changes could result in an overpayment and discontinuance of V.A. benefits.

Signature _____

Date _____