



VETERANS ENROLLMENT AGREEMENT

In consideration of my enrollment at Walters State Community College in a program of education for which I will be entitled to receive veterans educational benefits, certification by the institution to the United States Department of Veterans Affairs of my initial and continued enrollment in classes required in my declared major, I hereby agree to comply with, and accept responsibility for compliance with all laws and regulations controlling eligibility and receipt of veterans benefits. I further agree to indemnify and hold harmless the institution against any liability, which may be determined against it by the Department of Veterans Affairs, as a result of my failure to comply with all laws and regulations concerning my eligibility and receipt of benefits. I understand that I may also be liable for costs of collection, including reasonable attorney's fees, which may be incurred in the recovery of veteran's benefits for which I was not entitled to receive under said laws and regulations.

I understand and agree it is my responsibility to notify the Office of Veterans' Affairs immediately if I drop or withdraw from any class or classes in which I have been certified as enrolled by the institution. I accept the responsibility that I must repay the Department of Veterans Affairs any amount I received as a result of overpayments due to dropping, withdrawing stop attending, or enrollment in classes which are not a part of my declared program of study. I further understand that I may not receive benefits for classes for which I have been given prior credit.

I further acknowledge my responsibility to maintain proper class attendance and satisfactory progress toward completion of my declared major, and to immediately report to the Office of Veterans' Affairs any discontinuance in classes or any other changes or conditions affecting my entitlement to veteran's benefits.

I also acknowledge that the WSCC Office of Veterans' Affairs has advised me that I must pursue an approved Associate degree or Technical Certificate program and that it is my sole responsibility to register for only those classes applicable to my degree/certificate program.

I further understand that I am responsible for providing **ALL** admissions credentials to the Office of Admissions as specified in the college catalog. I understand that failure to provide this documentation can prevent my certification to the Department of Veterans Affairs and can delay processing of my claim for benefits. I am aware that the institution is only responsible for forwarding my claim for benefits and certification of enrollment to the Department of Veterans Affairs, and that further processing on my claim for benefits is controlled solely by the Department of Veterans Affairs Regional Office having jurisdiction over my claim. I certify that I have complete understanding of the contents of this document and procedures used in handling of my claim for veteran's benefits.

Print Student Name

Student Signature

Date

WSCC Veterans' Certifying Official