

Signature

## **Chapter 35 Benefits-Dependents Educational Assistance**

Name		Student ID#
Last	First	
Please initial	each statement:	
I am required to submit my Certificate of Eligibility to the University of Dayton (UD)		
I understand that no money is sent directly to UD, and I must pay tuition/fees by posted payment deadlines.		
I am requi	ired to sign up for certification each semester via the	provided online form, in order to certify my enrollment.
and fees		study or elective requirements. I will be responsible for any tuition ogram. If I am not sure whether a course will meet a degree or demic advisor before registering for the course.
I may retake a course if I failed the course with a grade of F. VA benefits will not cover a retake of a course with a grade of D or higher unless my degree requires a higher grade.		
I am required to notify this office and complete <u>VA Form 22-1995</u> if I change my program of study. My certification status will be considered inaccurate until completed.		
I am required to notify this office any time I add or drop courses. Failure to do so will result in incorrect payment and/or a debt to the VA.		
The follow	ving grades and academic status can impact my bene	fits:
A A A A A	<ul> <li>U – Unsatisfactory; no credit awarded</li> <li>NC – No credit awarded</li> <li>I – Incomplete</li> <li>N – No grade reported</li> <li>W – Withdrawal</li> </ul>	<ul> <li>X – Audit; no credit awarded</li> <li>No Progress</li> <li>Academic Probation</li> <li>Academic Dismissal</li> </ul>
j	Signa	ure
I,, (print name) have reviewed and agree to adhere to the information explained on this document and I have been given the opportunity to ask any questions regarding this information.		

**Veterans Services | Flyer Student Services** 

Date

300 College Park St Mary's, Room 108 Dayton, Ohio 45469-1600

Phone: (937) 229-4141 Fax: (937) 229-4338 Email: vetservices@udayton.edu