



FINANCIAL AID OFFICE

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VETERANS EDUCATIONAL BENEFITS RULES AND REGULATIONS AND RELEASE FORM

(initial) I understand that I will have to follow a more stringent attendance policy than the one published in the catalog. I will be allowed a number of unexcused absences equal to the number of credit hours for the course. If I exceed the allowed number of absences, UACCM will notify the VA Regional Office of my last day of attendance, and they will reduce my eligibility for benefits for the current term.

(initial) I understand that I cannot repeat a course for which I have already received credit. I understand it is my responsibility to check the courses I am enrolled in and be certain I am not repeating a course. If I do repeat a course and the VA pays for the course, the VA can charge me with an overpayment.

(initial) I understand the VA will NOT pay for classes that do not count as credit toward my degree requirements. I cannot take classes that do not count toward my degree requirements and expect VA to pay for the courses.

(initial) I know it is my responsibility to keep the school's VA Certifying Official notified of any change in my status, and I give UACCM permission to release my information the Department of Veterans Affairs.

Print Name: _____ **Social Security No.:** _____
(Student)

My signature indicates that I have provided accurate information and agree to comply with all VA and UACCM VA guidelines. I understand if I modify my schedule for any reason, it may hinder the certification process.

***NOTE: Certifications will not be processed without your signature**

Signature: _____ **Date:** _____
(Student)