**VA Education Benefit Enrollment Agreement**

Student Name: SSN:

Program Start Date:

VA Education Benefit: Have you applied yet? (circle one): Yes No

Have you used VA Education benefits before at this or any other institution (circle one): Yes No

**Please read and initial next to each of the following statements:**

 I will provide copies of the following documentation for my VA file at Warner University:

- DD-214

- Certificate of Eligibility

- Any notices or letters from the VA regarding your education benefits. - Transcripts from all prior education.

\_\_\_\_\_ I understand that I am required to submit my transcripts from all prior education to be reviewed for transferability. If I do not provide this within 30 days from my start date, my VA education benefits will be terminated.

 *If* I am being enrolled with *unconfirmed* VA Education Benefits, I understand that I will be responsible for securing another method of funding if for any reason my benefits are not approved.

\_\_\_\_\_\_ I understand that I am responsible for notifying the VA Certifying Official of any changes to my enrollment including but not limited to: program, schedule, enrollment, payments, etc.

 I understand that my enrollment at Warner University will automatically be certified by the VA Certifying Official within 30 days of the start of each class.

 If I do not receive any funding by the end of my first class, I can contact the VA at 1-888-GI-BILL-1 to see when I can expect it.

 I understand that I am strongly encouraged to sign up for an "e-Benefits Premium Account" at [www.ebenefits.va.gov](http://www.ebenefits.va.gov). This is the best way to access information such as DD-214, Certificate of Eligibility, remaining entitlement, etc.

By signing below I acknowledge receipt of this agreement, that it was explained to me and that I understand and agree to the policies, procedures, terms, and conditions contained herein.

Student Signature Date

\*Please be advised, for legal purposes, to sign and initial with a “wet signature”