

Terms of Agreement

Please read and initial next to each of the following Terms of Agreement. Policies and regulations will be used while administering your Veterans Education Benefits at Clovis Community College.

_____ I understand that Veterans Administration (VA) regulations require that ALL prior college and military training evaluation for possible credit. I have requested official academic transcripts from all previous educational institutions I have attended be sent to Clovis Community College. I understand that my Veterans benefits may not be certified until Clovis Community College has received and evaluated ALL of my previous official academic transcripts.

_____ I understand that the VA requires that I declare a single approved educational objective (major) with Clovis Community College prior to being certified for classes (please see the current college catalog for a list of approved majors). I further understand that the major I declare with the VA must match the major I have declared with Clovis Community College.

_____ I understand that I will only be certified in classes that are ***required*** to complete my current education objective and that if I choose to repeat a course for a better grade that it will only be certified if my current educational objective requires I repeat the course.

_____ I understand that my school issued e-mail address is the primary means by which the school will communicate with me, and that it is ***my responsibility*** to check this e-mail account regularly.

_____ I understand that VA regulations require that I maintain a ***semester GPA of at least 2.0 and must complete at least 51% of all units attempted***. If I fail to meet these requirements for three consecutive semesters, I understand that my benefits terminate. In the event that my benefits are terminated I understand that I will not be eligible to apply to have my benefits reinstated until one semester, excluding the summer session, has elapsed. Academic disqualification prevent me from receiving Veterans benefits, I understand that my reinstatement and future benefits are contingent upon the college readmission policy outlined in the current college catalog.

_____ I understand that if I choose to take short-term classes that certification is for the actual length of the course.

_____ I understand that if I receive an "F" grade in a class that I will be required to prove my actual last date of attendance in that class. If I receive an "F" grade in a class it is likely that I will be required to repay all or a portion of the benefits I received for that semester based on my last day of attendance.

_____ I understand that students are ultimately responsible for all debt incurred at Clovis Community College including but not limited to Enrollment, Health, Parking Permit, Lab fees and Out-of-State tuition fees.

_____ ***I understand that any change may affect my Veterans Education Benefits*** and therefore it is my responsibility to notify the ***Veterans Counselor*** if I: add or drop a class, withdraw from school, change my address, enroll in classes at another college, change my major, and/or called to active duty.

_____ I understand that if I am receiving Chapter 30, 1606, or 1607 benefits that I am required to verify my continued enrollment with the VA on a monthly basis. I may do so online at [GI BILL WAVE](#) or via the telephone by calling ***1-877-823-2378*** no sooner than the last calendar day of each month. I understand that the VA will not send my monthly benefit check if I do not do this.

_____ I have read and agree to the above outlined terms of agreement. I understand that these regulations and policies will be used to administer my veteran's education benefits at Clovis Community College.

Student Signature: _____ Date: _____

Student Name Printed: _____ ID#: _____