



Name: _____	Date: _____
SSN: _____	ID: _____

**I understand that I am responsible for insuring that:**

- I apply for VA Initial Benefits (Form 22-1990) or Change of Programs or Place of Training (Form 22-1995) at <http://vabenefits.vba.va.gov/vonapp/main.asp> (print out a copy of the application and send it to FHCHS Financial Aid Office).
- I have read the Florida Hospital College of Health Sciences' VA Handbook.
- My course work is part of a program of study for my major, as approved by my academic department, and identified in the Academic Bulletin.
- All my previous course work, including military schools, is evaluated and appropriate credit awarded.
- Transfer credit is reported to the Financial Aid Office by the end of my second semester or my VA Educational Benefits will be terminated.
- I must have prior VA Approval to add a dual Degree, double major or minor.
- My major and all courses, for which enrolled, are listed in the school catalog for my catalog year.

**I understand that I must provide the following documents as indicated:**

- Copy of the VA Application or Change of Program or Place of Training form.
- Transcripts from all previous colleges and universities must be requested and on file with Student Records.
- A current Award Letter and Certificate of Eligibility, within 60 days of applying for benefits to the Financial Aid Office.
- Copy of DD-214, DD-295 or military transcripts certifying completion of military courses before the completion of the first semester to the Financial Aid Office.
- **I also recognize that it is my responsibility to notify the Financial Aid Office at any time that I:**
  - Drop a course after add/drop period.
  - Change my mailing address or telephone number.
  - Change my major.
  - Withdraw from the College.
  - Become Dual-enrolled at Florida Hospital College of Health Sciences and another institution.
  - Take a course, which will not be counted towards my degree.
  - Take a non-credit preparatory course(s).

Signature \_\_\_\_\_ Date \_\_\_\_\_