## TERMS OF AGREEMENT FOR USING VA EDUCATIONAL BENEFITS AT COLUMBIA COLLEGE

Please read, initial and sign at the bottom

e n	Iunderstand that Veterans Administration (VA raining be evaluated for possible credit. I have requeste ducational institutions I have attended be sent to Colur ot be certified until Columbia College has received cademic transcripts.	d official academic transcripts from all previous nbia College. I understand that my benefits may
Ì	I understand that the VA requires that I decla major) with Columbia College prior to being certified for or a list of approved majors). I further understand that major I have declared with Columbia College.	classes (please see the current college catalog
e e	I understand that I will only be certified for clasducation objective.	ses that are required to complete my current
– n	I understand that if I choose to repeat a course ny current educational objective requires I repeat the co	
A s to c	I understand that VA regulations require that I maintain a cumulative GPA of a 2.0 or greater. If my GPA falls below this requirement for one semester, I will be placed on Veterans Benefits Academic Probation. If I do not bring my progress up to a satisfactory level by the end of two semesters, I understand that my benefits will be terminated. In the event that my benefits are terminated I understand that I will not be eligible to apply to have my benefits reinstated until my cumulative or most recent semester's GPA is at least 2.0 or above. I am aware that these standards of progress affect VA Educational Benefits and are different from the Columbia College standards of progress.	
le	I understand that if I choose to take short-term classes that I will be certified for the actual length of the course. The VA pays each day that you are actually taking a course, not on total units.	
	I understand that if I receive an "F" grade in a class that I will be required to report 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 allor a portion of the benefits I received for that semester.	
_ a	I understand that if Columbia College cancels dd an additional class or repay all or a portion of the be	
	I understand that it is my responsibility to not add or drop a class *withdraw from school *change my materials.	nange my address
<u>h</u> C	I understand that if I am receiving chapter 30 ontinued enrollment with the VA on a monthly basi ttps://www.gibill.va.gov/wave or via the telephone by alendar day of each month. I understand that the VA wothis.	calling 1-877-823-2378 no sooner than the last
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 Veterans Education Benefits at Columbia College.		
Students	s Signature:	_Date
Printed	Name:	Student ID: