VA Statement of Understanding

Complete the fields below and then submit the form using the information on Page 2.

I understand that I must follow all program policies: Grading, Attendance, Team Work, etc.

| Student Information - Print or Type | | | | | Important Notices | | | | |
|-------------------------------------|---------------------------|--|----------------------|-----------------------------|--|--|--|--|--|
| UT EID: | | SSN: | | | , , , | are based on period of service and a percentage ent is responsible for any expenses not covered d only tuition paid by the VA. | | | |
| Date of Bi | rth: | | | | 11 | on. Additional supplemental books available to a instructor are the responsibility of the student. | | | |
| Name: | | | | | Benefit Type | | | | |
| Last First M.I. | | | M.I. | | Ch 30 Montgomery GI Bill Active Duty | | | | |
| Address: | Street | | A | pt.# | Ch 33 Post-911 GI Bill | | | | |
| | | | | | MYCAA | | | | |
| City State Z | | | ΊΡ | Airforce Tuition Assistance | се | | | | |
| Email: | | | | | VRAP Veteran's Retraining | g Assistance Program | | | |
| | | | | | | - | | | |
| Phone: | | | | | Other: | | | | |
| Previous | ly Attended Inst | titutions | | | | | | | |
| I have attend | ded the following colle | ges and understand th | nat I must submit | t copies o | f transcripts to The University of Texas a | at Austin, Center for Professional Education. | | | |
| Name of t | he Institution | | | First | Semester and Year Attended | Last Semester and Year Attended | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Student | Acknowledgme | nt | | | | | | | |
| | • | ark by each statement a Center for Professional | | - | nderstand any and all responsibilities wh | nile using VA Education Benefits at | | | |
| I acknowle | edge receipt of UT CP | E's Cancellation Policy | <u>у</u> . | | | | | | |
| Lundersta | and I must include my | UT EID with my registr | ration. | | | | | | |
| I understa | and I must provide an | updated Certificate of | Eligibility Letter f | to UT CPE | <u>.</u> | | | | |
| I understa | and college transcripts | s and military transcrip | ots are required u | ıpon regis | tration. | | | | |
| If I take co | ourses at another inst | itution for which I requ | est a parent insti | itution for | m, I must provide transcripts of the com | npleted course(s) to UT CPE. | | | |
| I understa | and that I am responsi | ible for completing my | registration and | submittir | ng payment when requested. | | | | |
| I understa | and I will receive reimb | oursement when VA tui | tion has been red | ceived by | UT CPE. | | | | |
| I understa | and that I am responsi | ible for any tuition/fees | s not paid by my | VA benefi | ts. | | | | |
| I understa | and that the UT proces | ssing time is 1-2 weeks | and VA processi | ing time w | rill vary and will only begin after a certific | cation from UT CPE is submitted. | | | |
| I understa | and that information r | eported to the VA is co | nfidential. UT CF | E will not | discuss this information with anyone bu | ut me. | | | |
| I understa | and that my certificati | on status is based upo | n how many cloc | ck hours I | am enrolled in for the current term. | | | | |
| I understa | and that if I drop or wit | thdraw from the progra | am it is my respo | nsibility to | o notify the Program Coordinator. | | | | |
| I understa | and that my program s | status is reported to th | e VA during and | after enro | llment. | | | | |
| Lundersta | and that if my applicat | ion is not complete or | if all documents | are not si | ibmitted with my application that my ed | ducational assistance may be further delayed | | | |

Page 1 of 2 04/22

Authorized Signatures

| The information in this form has been explained to my complete understanding and all of my questions have been answered to my satisfaction. I will retain one copy of this Statement of Understanding and return a signed copy to The University of Texas at Austin, Center for Professional Education for my file. By signing below, I acknowledge that I have read and understand this form. |
|--|
| |
| Participant's Signature (Required): |
| |
| Date: |
| |
| CPE VA Certifying Official's Signature (Required): |
| |
| Date: |

Notice Concerning Your Information

The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of the information and to have the University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713 (email: ypla@austin.utexas.edu).

Contact & Submission Information

| Address: | Email: | Phone: | Fax: | Web: |
|-----------------------------------|------------------------------|----------------|----------------|---------------------------|
| Center for Professional Education | Scan and send as an email to | (512) 232-6520 | (512) 471-2905 | professionaled.utexas.edu |
| The University of Texas at Austin | cpe@austin.utexas.edu. | | | |
| UTA Building, Suite 2.408 | - | | | |
| 1616 Guadalupe Street | | | | |
| Austin, TX 78701 | | | | |

Page 2 of 2