



University of Dayton
Veterans Services

Vocational Rehabilitation/Chapter 31 Benefits

Name _____ Student ID# _____
 Last First MI

Please initial each statement:

- _____ I am required to submit **VA Form 1905** from your VA Advisor to our office.
- _____ I must contact Diane Flora, Office of Student Accounts, at 937-229-4111 about the Book Voucher.
- _____ I am required to sign up for certification each semester via the provided online form, in order to certify my enrollment.
- _____ All courses I register for must be required for my program of study or elective requirements. I will be responsible for any tuition and fees for any course not applicable toward my degree program. If I am not sure whether a course will meet a degree or elective requirement, it is my responsibility to work with my academic advisor before registering for the course.
- _____ I may retake a course if I failed the course with a grade of F. VA benefits will not cover a retake of a course with a grade of D or higher unless my degree requires a higher grade.
- _____ I am required to notify this office and complete [VA Form 22-1995](#) if I change my program of study. My certification status will be considered inaccurate until completed.
- _____ I am required to notify this office any time I add or drop courses. Failure to do so will result in incorrect payment and/or a debt to the VA..
- _____ The following grades and academic status can impact my benefits:
 - U – Unsatisfactory; no credit awarded
 - NC – No credit awarded
 - I – Incomplete
 - N – No grade reported
 - W – Withdrawal
 - X – Audit; no credit awarded
 - No Progress
 - Academic Probation
 - Academic Dismissal

Signature

I, _____, (*print name*) have reviewed and agree to adhere to the information explained on this document and I have been given the opportunity to ask any questions regarding this information.

Signature

Date

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 Dayton, Ohio 45469-1600
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