



Veterans Affairs Office, 2900 Featherstone Rd., Auburn Hills, MI 48326  
Phone: 248.232.4342 • Fax: 248.232.4349

Name \_\_\_\_\_ SS# or Student ID# \_\_\_\_\_

**The following criterion as established by the state approving agency and directed by the Veterans Affairs Office of Education is to be followed by persons receiving VA benefits.**

1. I understand that I will no longer be certified for VA benefits if I do not **maintain satisfactory progress** as described in the college catalog under ACADEMIC SANCTIONS.
2. **I will request that an official transcript be sent to OCC Registrar's office for any credits I have earned at other colleges to ascertain if any of the credits apply towards my OCC degree requirements.**
3. **I will report any reduction in training time or changes in my schedule** to the OCC Veterans Affairs Office as soon as changes occur to prevent overpayment. Failure to report withdrawals could result in the loss of benefits dating back to the first day of the term and result in an overpayment. If I can show that a change in my schedule was due to a mitigating circumstance, the VA might pay benefits up to the last date of your attendance. Mitigating circumstances are unavoidable and unexpected events that directly interfere with your pursuit of a course and are beyond your control
4. "W", "I", "N", "WF", "WP", "CP" are considered non-earned grades and benefits will not be paid for such grades. If the VA has paid from the beginning of the semester and either of these non-earned grades is on your transcript you could have an overpayment of your Veterans' Education Benefits. **IF YOU CAN, PLEASE AVOID UNEARNED GRADES.**
5. **I understand that all registered classes must be part of my Plan of Study.** Any additional classes may not be paid for by the veterans' educational benefits.
6. I understand that I will complete a **new plan of study each academic year** unless I change my program of study. I will turn in a new statement of Intent form every term to notify the OCC VA Office that I will be using my benefits for the term.
7. **I understand the amount of VA benefits I am certified to receive may reduce my financial aid eligibility.**

***My signature indicates that I have read and I understand the above Statement of Responsibilities and accept any ramifications thereof.***

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