



VETERAN ENROLLMENT CERTIFICATION & APPLICATION FORM

NAME (last, first, middle initial)

RELATION TO VETERAN (MARK BELOW)

☐ VETERAN ☐ DEPENDANT ☐ SPOUSE

ADDRESS

PROGRAM

TELEPHONE

SOCIAL SECURITY NUMBER

EMAIL

HIGHEST LEVEL OF EDUCATION

☐ HIGH SCHOOL GRADUATE ☐ SOME COLLEGE ☐ COLLEGE GRADUATE ☐

BENEFITS EXPIRATION DATE

ARE YOU ACTIVE DUTY? ☐ YES ☐ NO

PLEASE INDICATE WHICH BENEFITS YOU ARE CLAIMING

☐ Chapter 31 Vocational Rehab ☐ Chapter 33 Post 9/11 GI Bill ( % ) ☐ Chapter 35 Survivors & Dependents

FOR CHAPTER 35 DEPENDENTS' EDUCATION ASSISTANCE, PLEASE INCLUDE THE FOLLOWING:

NAME OF VETERAN (last, first, middle initial)

SSN OR VA FILE # OF THE VETERAN

Student Agreement

Please read and initial beside each paragraph below to confirm you understand the terms of applying to this program.

I understand that Emory Continuing Education requires me to submit Certificate of Eligibility (COE) to their Certifying Official before beginning the program and that I will not be certified with the VA until I have returned this form to the Certifying Official for Emory Continuing Education.

I understand that unexcused absences will not be permitted. If I am unable to attend a class session due to illness or an emergency, I will notify the Program Advisor and the Certifying Official in writing as soon as possible.

I understand that I will be placed on probation and have my access to any online accounts revoked if I am reported as a "no show" to a course or fail to complete assignments and/or exams on time. To be reinstated in the program and have my online account(s) reactivated, I understand that I must:

- 1. Provide a written explanation to the Program Advisor detailing the circumstances that caused me to fall behind in my coursework and why those circumstances will not be an issue going forward.
2. Schedule an appointment with the Program Advisor to develop a revised plan for completing the program.
3. Understand that Emory Continuing Education reserves the right to permanently dismiss me from the program for repeat offenses.



- \_\_\_\_\_ I agree to accept liability and assume responsibility for any overpayments that result from my failure to officially notify the Certifying Official immediately of changes in enrollment status, such as withdrawing from a course.
- \_\_\_\_\_ I understand that my benefits extend only to courses required for program completion and do not include courses outside of the program, electives beyond what is required, and courses not approved for VA benefits.
- \_\_\_\_\_ I will maintain good standing with the VA by providing all required documentation in a timely manner. I will take responsibility for completing this documentation and providing copies to both the VA and the Certifying Official.
- \_\_\_\_\_ I understand that my benefits from the VA may vary based on my enrollment and that continued eligibility for VA education benefits relies on my meeting of the VA’s satisfactory progress standards.
- \_\_\_\_\_ I understand that my Program Advisor will provide information to the VA regarding my progress and attendance. This may include rosters, Grade Reports, and other relevant documentation.
- \_\_\_\_\_ I have communicated any and all relevant prior work experience and education to the Program Advisor to see if I can be awarded credit for it. I understand that I must provide college transcripts and resumes for my request to be considered by the leadership team of Emory Continuing Education for applicable programs
- \_\_\_\_\_ I will have the textbooks for my course(s) prior to the first class meeting, which may require me to consult with the VA for a textbook stipend (Post-9/11 students only), work with the Program Advisor to purchase the appropriate books on my behalf (Vocational Rehab students only), or purchase them out of my own pocket.
- \_\_\_\_\_ If I fail to complete, or am dismissed from, the program, I agree to pay Emory Continuing Education for all textbook expenses they have incurred on my behalf while I was a student in the program. If I fail to pay, I understand this balance will be sent to collections.

**By signing below, you verify that you have read, understood, and will abide by the terms of this Student Agreement, the policies of Emory Continuing Education, and any additional policies set out in your course syllabi.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Questions? Please contact (404) 727-6000 and select option 2 or email: [learn@emory.edu](mailto:learn@emory.edu)**

**FOR EMORY CONTINUING EDUCATION USE ONLY**

|  |    |                        |
|--|----|------------------------|
| _____<br>Signature of Emory Continuing Education Certifying Official | on | _____<br>Date Received |
|--|----|------------------------|