

MontanaTech

Statement of Understanding

NAME _____ Tech ID _____

Check the benefit you be using or have applied for:

- | | |
|--|---|
| <input type="checkbox"/> 30 - Montgomery GI Bill® | <input type="checkbox"/> 1606 - Montgomery GI Bill® Sel Reserve/National Guard |
| <input type="checkbox"/> 31 - Vocational Rehabilitation | <input type="checkbox"/> 1607 - Reserve Education Assistance Program |
| <input type="checkbox"/> 33 - Post 9/11GI Bill® | <input type="checkbox"/> OTHER - _____ |
| <input type="checkbox"/> 35 - Survivors' and Dependents | |

I am a veteran using my own benefits.	YES	NO
I am a dependent of a veteran and will be using benefits transferred to me.	YES	NO
I am an out of state student that would like to apply for the Yellow Ribbon Tuition Waiver.	YES	NO
I am transferring from another school where I had previously used my benefits.	YES	NO

I understand (PLEASE INITIAL):

_____ I will provide all necessary paperwork to the SCO in Enrollment Services (SCO) to begin my initial certification.

_____ After I register for classes each semester I will fill out a Request for Certification form and submit to the SCO.

_____ I will notify the SCO of any changes I am making to my enrollment, address, status or degree plan.

_____ Adding or dropping a course after my initial certification may result in a change to my benefits.

_____ All add/drop cards must be submitted to the SCO.

_____ I will not be able to be certified for any course that does not satisfy my degree requirements.

_____ I cannot be re-certified for a course that I have already earned a passing grade for.

_____ The VA will be notified of my Academic Standing if I were to be put on probation or suspension.

By signing below, I acknowledge that I have read and understand my responsibilities to receive my educational benefits.

Signature/Date