

Veteran Benefit Responsibility Recipients of Chapters: 30, 31, 32, 33, 34, 35, 1606, 1607

STUDENT INFORMATION	
Student Name_	_AU Student ID
I understand that I may not claim benefits for:	
• Failing to attend class regularly.	
• Auditing a course.	
 Any course not specifically required for co study. 	ompletion of my degree program or specific course of
Continuing education courses or any cours	se in which no credit is granted toward my degree.
• Repeating a course in which a passing grade of A, B, C, or D has been received, unless the grade received does not meet program requirements.	
♦ Any course in which a non-punitive grade (W or I) is received. The Department of Veteran Affairs' ruling on non-punitive grades is that anyone receiving a non-punitive grade while using veteran benefits may be required to make a partial or complete repayment of educational benefits for the semester.	
I agree to provide the following information to the Office of Financial Aid:	
• Changes in my degree objective or program	m of study
◆ Changes in the courses I'm taking during any given semester	
◆ Changes in the type of VA benefits I will be receiving	
Any overpayment incurred because of a failure to report the above information to the Department of Veteran Affairs and/or the Office of Financial Aid will be the sole liability of the undersigned. Any changes in the above items will be reported to the Department of Veteran Affairs promptly.	
I have read and understand the above statements and agree to comply with them.	
Student Signature → Must be drawn and not typed.	Date

To return this form: Secure Document Uploader: <u>aurora.edu/submitfinaidforms</u>

Fax: 630-844-6191 | Mail: Office of Financial Aid, 347 S Gladstone Ave, Aurora, IL 60506 | In Person: Eckhart Hall, Room 324

Questions: Email: finaid@aurora.edu | Phone: 630-844-6190

Note: Documents submitted via email cannot be accepted due to security reasons.