

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 complessudy. 	etion of my degree program or specific course of
• Continuing education courses or any course in	which no credit is granted toward my degree.
 Repeating a course in which a passing grade of grade received does not meet program requirem 	
 Any course in which a non-punitive grade (W of Affairs' ruling on non-punitive grades is that are veteran benefits may be required to make a part benefits for the semester. 	nyone receiving a non-punitive grade while using
I agree to provide the following information to the Office of Financial Aid:	
• Changes in my degree objective or program of	study
• Changes in the courses I'm taking during any given semester	
• Changes in the type of VA benefits I will be red	ceiving
Any overpayment incurred because of a failure to report the a Affairs and/or the Office of Financial Aid will be the sole lial items will be reported to the Department of Veteran Affairs p	bility of the undersigned. Any changes in the above
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: aurora.edu/submitfinaidforms

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