

Winthrop University  
Veterans Benefits Office  
Office of Records and Registration  
126 Tillman Hall  
Rock Hill, South Carolina 29733  
Fax: 803-323-4600

## Veteran Affairs Educational Benefits Student Compliance Agreement

Student Name (*please print*): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Student ID: \_\_\_\_\_

I have read and understand the Winthrop University Academic Regulations and General Conduct Policy as stated in the Winthrop University Catalog. I further understand that I must adhere to the following rules and regulations in order to be certified to receive VA Educational Benefits.

### **I understand and agree to the following procedures and regulations:**

- The normal minimum processing time for VA payments is 4-6 weeks **after** the semester begins. For new students it sometimes takes longer. Therefore, I understand that VA benefits serve as a source of reimbursement.
- It is my responsibility to make any tuition payments to Winthrop University that are due before I begin receiving VA payments during a given semester. Furthermore, I will make any necessary arrangements for tuition payments with Student Accounts Receivable and/or the Financial Aid Office.
- I understand that VA will not pay for courses that are not applicable to my program of study.
- I must notify the Veterans Benefits Coordinator within **FIVE (5)** days of **any** changes to my schedule, **including individual course withdrawals**. *Failure to notify the Veterans Benefits Coordinator of schedule changes may result in overpayment of funds, followed by debt repayment to the federal government)*
- I must notify the Veterans Benefits Coordinator **IMMEDIATELY** if I withdraw from Winthrop University. *Failure to notify the Veterans Benefits Coordinator of withdrawals may result in overpayment of funds, followed by debt repayment to the federal government.*
- I understand that I am responsible for **all** debts resulting from reductions or terminations of my enrollment **even if the payment was submitted directly to the school** on my behalf.
- I understand that receiving a non-punitive grade of “N” or “U” will **reduce** the number of my enrolled hours and **may result in overpayment** of funds.
- I turn in a Change of Curriculum Form to the Veterans Benefits Coordinator within **FIVE (5)** days if I change my academic program or catalog. Academic program may include academic major, minor, concentration, specialization, or degree type.
- I agree to have my records released to the officials of the Federal Veteran Affairs Administration and/or South Carolina Commission on Higher Education, who have legitimate education interests.

I understand that **failure to comply** with these procedures and regulations **may result in suspension or termination of my VA Benefits and/or an overpayment** to the Veterans Administration for which I accept complete responsibility and agree to reimburse the Veteran Administration for any over-compensation no matter the cause.

\_\_\_\_\_  
Signature of VA Student

\_\_\_\_\_  
Date