



**From the Desk of –  
VA Certifying Official**

## **VA BENEFITS UPDATE**

### **Attendance Policy -**

Student attendance is to be monitored on a monthly basis. In order to avoid termination of monthly VA Benefits, students must have no more than 20% of absences in a calendar month. If you have more than the 20% of absent hours at the end of any month, your benefits may be terminated for the next 30 days. If, within the next 30 day period your GPA and attendance is within compliance your benefits will be reinstated for the next 30 days.

Example – Full-time Enrollment for Sept 1 – Sept 30 = 107 Hours scheduled

20% = 21.40 Hours. More than 21.40 hours absent will result in VA Benefit Termination for the next 30 days.

### **This does not terminate your enrollment.**

Absences that count towards your monthly total are: excused, unexcused, appointments, emergency, etc. Any and all absences from class are included. Per the VA – an absence is an absence. This includes VA appointments as well.

**LOA – Leave of Absence.** If you will be absent for an extended period of time (5 full days or more) you may request an Approved Leave of Absence, with appropriate documentation. You will be dis-enrolled from your program and VA benefits for the period you are gone, and re-enrolled (provided there is space available in class) at the point you return.

### **TERM CERTIFICATIONS –**

Remember in order to be certified for EACH Term you will need to complete the VA Enrollment Certification Request – Drop/Add Form. I will begin processing Certifications for the upcoming term approximately 2 weeks prior to the beginning of the term so please turn in your request prior to the end of a term.





VA Enrollment Certification Request & Drop/Add Form

NAME \_\_\_\_\_ FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

Address changed? Please notify the Dept. of Veterans Affairs.

PROGRAM \_\_\_\_\_ SSN \_\_\_\_\_

E-MAIL \_\_\_\_\_ Ch 35 Sponsor SSN \_\_\_\_\_

(If the program has changed since your last VA Certification, please submit a VA Form 22-1995, Request for Change of Program or Place of Training, found on the kiosk in the main office.)

Will you be attending \_\_\_\_\_ full time \_\_\_\_\_ 3/4 time
(some courses are only available for full-time enrollment)

Will you complete your program THIS semester at Okaloosa Technical College? Yes \_\_\_\_\_ No \_\_\_\_\_

Chapter Benefits \_\_\_\_\_ Veteran (Ch 30) \_\_\_\_\_ Active Duty (Ch 30) \_\_\_\_\_ VA Voc Rehab (Ch 31)
\_\_\_\_\_ Post 9/11 (Ch 33) \_\_\_\_\_ Dependent (Ch 35) \_\_\_\_\_ Reservist (Ch 1606)
\_\_\_\_\_ Post 9/11 Dependent (Ch 33) \_\_\_\_\_ Other (List) \_\_\_\_\_

Benefits

(initial beside the benefit you are claiming)

\_\_\_\_\_ •Chapter 33 - I understand that the benefit I qualify for will pay the school directly for in-state tuition and fees, and I the student will receive BAH, as well as a book allowance that will not exceed \$1000 per academic year these benefits are based on my enrollment certification (22-1999) sent to the VA. I understand all portions of this benefit to include tuition, fees, BAH, and books can/will be prorated based on my percentage (%) of benefit. It is my responsibility to ensure my balance is at \$0.00 by the VA deferment deadline in the course catalog or a \$25 late fee may be applied.

\_\_\_\_\_ •Chapter 31 - I understand that the benefit I qualify for will pay all in-state costs along with required books and kit/tools that are purchased in the OTC Bookstore only.

\_\_\_\_\_ •Chapter 30, 1606, 1607 - I understand that my benefit is paid directly to me per month after checking in via W.A.V.E. and it is my responsibility to have a \$0.00 balance by the deferment deadline no matter if I have received my benefit from the VA or a \$25 late fee may be applied.

\_\_\_\_\_ •Chapter 35 – I understand that my benefit is paid directly to me per month and it is my responsibility to have a \$0.00 balance by the VA deferment deadline in the course catalog or a \$25 late fee may be applied.

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Attendance Policy - In order to avoid termination of monthly VA Benefits, I understand I must have no more than 20% of absences in a calendar month. If I have more than the 20% of absent hours at the end of any month, my benefits may be terminated for the next 30 day period. If, within the next 30 day period my GPA and attendance are within compliance my benefits will be reinstated for the next 30 day period.

# NOTICE TO STUDENTS RECEIVING VA EDUCATION BENEFITS

## Acknowledgement

- \* I understand that I must notify the OTC Veterans Certifying Official of any changes to my schedule immediately by completing this form online. This includes add/drop/cancellations/withdrawals/lapse of attendance. I may also be required to complete VA form 22-1995 if I am changing programs.
- \* I understand I MUST submit this form EACH term I am requesting VA Certification of Enrollment. Delays in submitting the Enrollment Request may result in delays in payments
- \* I understand that withdrawals after the drop period and non-attendance will be reported to the VA resulting in a student bill that I am responsible for as outlined on my Certificate of Eligibility.
- \* I understand that classes previously passed at OTC or any other institutions will not be covered by the VA.
- \* I understand it is my responsibility as the beneficiary to know how many months of entitlements I have remaining. In the event that my VA education benefits run out or do not cover the full cost of tuition and fees for the classes I am registered for, I am responsible for rendering payment to OTC for the difference not covered (all debts incurred).
- \* I understand that for all chapters (except VA Vocational Rehabilitation - Ch 31) I am responsible for the purchase of all books and supplies. ONLY Chapter 33 and Chapter 31 pay the school directly for Tuition and Lab Fees.

NOTE: Notify the OTC VA Office and Department of Veterans Affairs immediately of any changes in your VA status. The VA toll free number is 1.888.442.4551.

I certify that I have read the notice above and will report any necessary information to the OTC VA Office and the Department of Veterans Affairs.

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STUDENT SIGNATURE

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DATE

## WITHDRAWAL

If you wish to withdraw from your program, please list your last date of attendance in class and the reason for withdrawing from school (required by VA):

Last date of Attendance \_\_\_\_\_

Reason for Withdrawal \_\_\_\_\_