

The Art Institute of HoustonSM

Office of the Registrar

Veterans Enrollment Reporting Form

Name _____ SSN _____ ID # _____

Address _____ City/State _____ Zip _____

E-mail _____ Work Phone _____ Home Phone _____

Chapter: **30 31 32 35 1606 1607 34/30** (Please circle one)

Service Branch: **USAF USA USCG USMC USN** (Please circle one)

Degree Program at AiH _____ Active Duty: **Yes/ No**

Term: **Fall** **Winter** **Spring** **Summer**
 Mid-Fall **Mid-Winter** **Mid-Spring** **Mid- Summer**

Year: _____

STATEMENT OF UNDERSTANDING

1. EACH TERM I must report my registration and any changes in my enrollment to my campus Veterans Advisor in the Registrar's Office.
2. I must be officially placed in a program of study leading to a standard college degree or certificate and have all prior training evaluated by the end of my second term of enrollment. If I have previously completed a Bachelor's degree or higher, this information must be reported with my initial claim for benefits. I do not expect to be paid by the VA for courses previously completed.
3. I will ensure that the courses I am taking are required or can be used as electives in my program of study and I understand that I must make satisfactory progress toward graduation.
4. I understand that courses scheduled to meet for other than the normal 11-week term maybe paid at a different rate based on the number of credits and the length of the course. For Ai Online, the cohort date is the official start date for receiving VA Education Benefits.
See the Registrar Office for further information.
5. I understand that grades of W, WF, and P may result in a reduced payment from the VA.
6. I understand that enrollment in transitional studies courses will not be certified unless a need is established by a placement test.
7. I understand that the VA will hold me responsible for any overpayment of my educational benefits.

SIGNATURE _____ DATE _____