FRANKLIN UNIVERSITY

2012-13 FAC PGI

VA Post-9/11 GI Bill (CH 33) Agreement
VA Educational Benefits

Student Last Name

Student First Name | M.I. | Franklin Student ID Number (0) | Date of Birth (mmddyy)

By my signature below, I hereby affirm the following terms:

- I will be attending courses at Franklin University
- I have submitted my 2012 Plan of Attendance (POA) and Certificate of Eligibility or Application for Benefits (22-1990) to the Veteran's Specialist at Franklin University.
- I am entitled to Chapter 33 educational benefits under the Post-9/11 GI Bill.
- The U.S. Department of Veteran Affairs has determined that I am eligible for Chapter 33 educational benefits at the _____% payment rate.

By my signature below, I hereby agree to the following conditions:

- If I am not eligible for the maximum eligibility, I must arrange payment no later than 30 days after the start of the first class. It is my responsibility to make payment within the appropriate dates or finance charges will be applied.
- If enrollment is terminated for any reason, the unpaid balance of tuition and fees is due payable immediately.
- If I drop any class prior to the start date or am dropped for non-attendance, I understand the monies will be returned to the VA directly.
- If I drop my classes anytime after the start date which creates a credit, I understand that the monies will be refunded to me and I am responsible for contacting to the VA immediately to clear up any overpayment issues.
- If I am using Ohio National Guard Scholarship in conjunction with Post-9/11 GI Bill, it is not to exceed 100% of my tuition. Franklin will apply Oho National Guard Scholarship first, then reduce Post- 9/11 GI Bill funds to cover the remaining balance.
- If I am using Federal Military Tuition Assistance in conjunction with Post-9/11 GI Bill, it is not to exceed 100% of my tuition. Franklin will apply any Federal Military Tuition Assistance first, then apply Post-9/11 GI Bill funds to cover any remaining balance.

I acknowledge and accept responsibility for all debts owed to Franklin University under the terms and conditions stated herein, and agree that:

My signature below is evidence that I have read, understood and agreed to the terms and conditions stated herein and have received a copy of this agreement.

Student Signature _____ Date _____

Return to: Franklin University, 201 S. Grant Ave, Columbus, OH 43215
Fax: 614.255.9478 Email: nichole.hyer@franklin.edu

9.22.11