



ACHS VA Student Rights and Responsibilities

Full Name _____ Chapter of Benefit _____

Student SSN _____ Servicemember SSN (if different) _____

Have you completed any prior postsecondary education (College)? Select one: YES or NO

If yes, list all prior Colleges:

(1) _____ (2) _____

(3) _____ (4) _____

Official grade transcripts from **ALL** colleges or postsecondary schools attended (regardless of subject) must be sent to the following address: **REGISTRAR'S OFFICE, 5005 S. MACADAM AVENUE, PORTLAND, OR 97239**

I understand that:

- _____ It is my responsibility to obtain official grade transcripts from **ALL** colleges that I have previously attended, whether or not VA benefits were received and even if no transfer of credit is applicable.
- _____ I must notify military@achs.edu if I change my program at ACHS.
- _____ An evaluation of prior credit is required whenever I change my program at ACHS.
- _____ All classes I take must apply directly toward my declared program. If I drop a class or take a class that does not apply to my enrolled program, I will be responsible for any overpayment that is due to the VA. (Any classes taken that are not part of the student's declared program will not be paid by the VA.)
- _____ I must report any changes in my enrollment status to military@achs.edu.
- _____ If using the Post 9/11 GI Bill, I may be eligible for a pro-rated BAH (housing) benefit if studying full time and will contact the VA directly if I have any questions about how this benefit is calculated.*
- _____ My VA benefits may not cover all of the tuition and fees for my course(s) and that I am responsible for all outstanding balances.
- _____ The VA will not pay for self-paced classes, audits, repeats of successfully completed classes or I (Incomplete), IP (In Progress), or W (Withdrawal) grades.
- _____ Incomplete grades must be completed within one year or an overpayment will occur.
- _____ I must maintain satisfactory academic progress (reference <https://achs.edu/standards-academic-progress-achs>) and described below. Specifically, I must achieve and maintain a cumulative GPA (CGPA) of 2.0 (3.0 for graduate students) and complete at least 67% (minimum pace) of ALL attempted courses.

I have read and understand the above statements and authorize the American College of Healthcare Sciences to release information about me necessary for the processing of my VA educational benefits. I understand a file will be maintained by the College to meet compliance with VA regulations and for reporting and record-keeping. I understand I am solely responsible for contacting the VA and/or ACHS with questions regarding my benefits. College records will be reviewed by authorized VA representatives to assure compliance with applicable laws and regulations.

Signature _____ Date _____

***Important note:** American College of Healthcare Sciences is not the Veterans Administration. Based on information provided by you and/or college records, we report class registration, changes and final grades to the VA for determination of payment eligibility. Pay issue questions should be directed to the VA at 1-888-442-4551.