



**RIVERSIDE CITY COLLEGE**

## **VETERAN'S STATEMENT OF RESPONSIBILITY**

Congratulations on your decision to attend Riverside City College which has been designated as a Military Friendly School. We look forward to working with you as you achieve your academic goals. Many of us are veterans too and are here to help you.

**This form is required of all students seeking to access VA Benefits through Riverside City College. It is the student's responsibility to complete this form and return to the Veteran's Resource Center (VRC) as soon as they are registered for courses to prevent being dropped for non-payment and to proceed with processing of veteran benefits. In addition, it is the student's responsibility to respond to notices sent by the VRC office in a timely manner if additional or updated forms are required.**

## **IMPORTANT INFORMATION**

1. If you are not completely sure of your educational goal and/or program of study, please meet with a counselor who can assist. There are many resources, services, and program available at RCC just for you. This can save valuable time in receiving your disbursements in a timely manner. Use link to schedule an appointment with the veterans counselor: <https://esars.rccd.edu/Riverside/VRC/esars.asp>
2. Selecting the appropriate program of study is critical as it will outline courses that you need to take in order to receive benefits and reach your goal in the shortest amount of time as possible.
  - a. AS/AA – You are planning to get an Associate Degree from RCC.
  - b. BS/BA – You are planning to transfer to a four year institution after completing lower division and major prep at RCC – you must indicate major and institution you wish to transfer.
  - c. Certificate – You are planning to complete a vocational certificate program at RCC.
3. Stop by TRIO on the second floor of the Charles A. Kane (CAK) Building and ask about the STAR program.
4. If you are determined to be a non – resident for tuition purposes and you are using Veterans educational benefits, you may be able to apply for re-classification of residency status. The U.S. Department of Veterans Affairs (VA) does not cover non-resident tuition in educational benefit payments. To change status, students must complete the Supplemental Residency Questionnaire Form along with supporting documentation. This must be done before the end of the term you wish to be considered for resident tuition and submitted to the Riverside City College Admissions & Records office.
5. You are encouraged to stop by the Veteran' s Resource Center if you have any questions or need clarification.

Date submitted: \_\_\_\_\_

Submitted to: \_\_\_\_\_

VRC Representative Initial

# VETERAN'S STATEMENT OF RESPONSIBILITY

I am requesting  Mont. G.I. Bill (30)  Reservist (1606)  D.E.A. (35)  
 Post 9/11 (33)  REAP (1607) VA File # \_\_\_\_\_  
 Post 9/11 Transferred (33-TR)  Voc. Rehab (31) **(Only required for Chapter 35)**

Current student  New student SUM\_\_\_ FAL\_\_\_ WIN\_\_\_ SPR\_\_\_ Year: 20\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SSN or Student ID #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  Check box if new address  
Street City State Zip

Home/Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

\*Attending another college currently? \_\_\_\_\_ Name of school: \_\_\_\_\_ Home College: \_\_\_\_\_

**What program of study are you requesting? (List one only - VA only approves one program at a time)**

<input type="checkbox"/> AS/AA		
<input type="checkbox"/> BS/BA	In: _____	Transferring to: _____
<input type="checkbox"/> Certificate	<small>(approved major/program)</small>	<small>(approved transfer school if BA/BS chosen)</small>

**List all previous colleges attended:**

	College Name	Units Earned
It is your responsibility to obtain official, sealed transcripts less than 90 days old from <b>all</b> colleges attended. The VA requires all of your prior credit to be evaluated <b>before</b> we certify your enrollment.		

**Initial after reading each statement. By initialing and signing, you are acknowledging that you understand each statement and your responsibility.**

I understand that I must complete this form each semester to request my benefits and that I must complete all requirements before I will be certified for VA Educational Benefits. I also understand that I must submit this form to RCC VA office immediately after registering to prevent from being dropped for non-payment.

Per VA Regulations, I understand the VA **will not** pay for the following courses:

- Courses I have already successfully completed (some "D" grades may count)
- Remedial courses taken online
- Courses **NOT** required on my **VA** Student Educational Plan
- Self-paced open-entry/open-exit classes

\_\_\_\_\_  
*Student's Initial*

I request for RCC to submit a certification for VA Educational Assistance this term on my behalf. I realize this may require release of confidential academic information to necessary institutions.

\_\_\_\_\_  
*Student's Initial*

I understand that "**Short term**" classes affect my VA benefits pay; in addition I am responsible for **Tuition Fees not paid by the VA and it may include Non-Resident Fees.**

\_\_\_\_\_  
*Student's Initial*

I understand that I must complete a Statement of Responsibility **after** I register for classes, and for **each term** I am enrolled and want to be certified to use benefits. All classes enrolled in need to fit student educational plan.

\_\_\_\_\_  
*Student's Initial*

By signing below I understand in order for classes to be certified, they must be on the **required portion** of the approved VA Student Education Plan. Furthermore, it is my responsibility to immediately notify in writing the RCC VA Office of **any** changes in my schedule or academic major, and misrepresentation of my records or falsely certifying my classes may jeopardize my VA Educational Benefits eligibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MINF _____ <small>Initial Date</small>	<b>FOR OFFICE USE ONLY</b> XSPA _____ <small>Initial Date</small> ACCESS _____ <small>Initial Date</small>	XVCC _____ <small>Initial Date</small> IASU _____ <small>Initial Date</small>
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