



# 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) **(Required for Chapter 35)**

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

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

Student ID #: \_\_\_\_\_ RCCD Email: \_\_\_\_\_ @student.rccd.edu

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

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>

**\*If you are concurrently enrolled at Norco &/or Moreno Valley College, and will be using your VA benefits, you must submit your Veterans Statement of Responsibility form to their Veterans Office to avoid payment delays \_\_\_\_\_ Int.**

**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.

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

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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