



Veteran's Statement of Responsibility

You are required to complete this form each semester to request benefits

FOR OFFICE USE ONLY
 Accepted By: _____
 Date Processed: _____
 Registration Statement
 Education Plan
 Certificate of Eligibility
 DD214: Veterans only

Check One: Current Student New Student
Check One: Ch 30 MGIB Ch 31 VR&E Ch 33 Post 9/11 Ch 35 DEA Ch 1606 Reservist VRRAP
Check One: Fall Spring Summer Year _____

Social Security Number _____ **Student ID #** _____

Name _____
 Last First M.I.

Address _____
 Street City State Zip

Cell Phone _____ **Work Phone** _____ **I will apply for Financial Aid**
 Email _____ **Yes** **No**

Attending another college concurrently? Yes No **List all colleges:** _____
 Yes, I have previous education and training. All academic transcripts from the previous institutions need to be submitted to Admissions and Records
 No, I do not have previous education or training.

Check one:
 AS/AA **Major** _____
 BS/BA _____
 Certificate **Transferring to** _____

I understand that the V.A. will not pay for the following:

- ❖ Courses I have not completed (dropped or withdrawn courses "W" grades)
- ❖ Courses not listed on the Student Educational Plan (plan must be on file with Veterans office)
- ❖ Courses that have not yet begun (ideally, all classes should begin and end on same dates - First day of instruction until the last day of instruction in order to maximize monthly housing allowance amount)
- ❖ Optional fees (ASB Sticker & Student representation fees (uncheck these boxes at time of registration))

Please check this box: I request San Bernardino Valley College to submit a certification of V.A. Educational Assistance for this term on my behalf.

(I realize this may require release of confidential academic information to necessary institutions)

I will notify San Bernardino Valley College's Veterans Certifying Official of any change in my schedule, and understand that misrepresentation of my records of falsely certifying my classes may cause my Veterans eligibility to be denied or decreased.

Student's Signature: _____ **Date** _____

ADVANCED PAY REQUEST - Do not complete this portion unless desired (contact for questions)
 Request for advance payment may only be submitted if you are allowed to register for classes 45 days prior to the start of term. Advance payment is not available under Chapter 33.

Number of units for which you will be enrolled in? _____
 Start Date _____ End Date _____

Signature for Advance Pay Request _____