



# VETERANS INTENT & STATEMENT OF RESPONSIBILITY (VISoR)

Students using Veteran Affairs (VA) benefits are required to complete this form every term to utilize their benefits.



TERM:  Winter  Spring  Summer  Fall

YEAR: 20

## CERTIFICATION

## ADJUSTMENT

HOME COLLEGE:  Norco  Guest Student, from: \_\_\_\_\_ (list home college)

CHAPTER: CH: 30      CH: 31      CH: 33      CH: 33 TR      CH: 1606

CH: 35      VA FILE #: \_\_\_\_\_ (Only required for CH: 35)

STUDENT ID #: \_\_\_\_\_

SOCIAL SECURITY #: XXX - XX - \_\_\_\_\_

NAME: (Last Name, First)

ADDRESS: (Full Address, City, State, Zip)

STUDENT EMAIL ADDRESS: \_\_\_\_\_ @ STUDENT.RCCD.EDU

CONTACT PHONE #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

EDUCATIONAL GOAL:                      AA/AS                      BS/BA                      CERTIFICATE

MAJOR: \_\_\_\_\_                      TRANSFERRING TO: \_\_\_\_\_

Per VA Regulations:

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

- Courses I have completed successfully (some 'D' grades may be used)
- Courses **not** listed on my VA Student Educational Plan
- Self-Pace open-entry/open-exit courses

I request Norco College to submit a certification of V.A. Educational Assistance this term on my behalf.

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

I understand, in order for classes to be certified, they must be listed as **required** on the approved Veterans Educational Plan. I will notify Norco College, Veterans Resource Center, of any changes in my schedule immediately and I understand misrepresentation of my records or falsely certifying my classes may jeopardize my VA Educational Benefits eligibility.

- Military members, on academic dismissal or have completed 100 units, will no longer receive priority registration.

*Please note it may take 2-3 weeks to complete certification from the date this form is submitted to the Veterans Resource Center.*

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

\_\_\_\_ (Initial) I understand, I must complete this form each term to request my benefits and I must complete all requirements before I will be certified for VA Educational Benefits.

OFFICE USE ONLY:									
EXCEL		MINF		XSPA		XSFD		STAFF:	DATE: