



# VETERANS OFFICE

## VETERAN'S STATEMENT OF RESPONSIBILITY

Semester:  Winter  Spring  Summer  Fall Year: 20 \_\_\_\_\_

33 Post 9/11  33TR Dependent  30 Montgomery  31 Voc Rehab  1606/07 Reservist  35 DEAP  VRAP

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

SS# \_\_\_\_\_ Student ID # \_\_\_\_\_ RCCD Email \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Declared Program of Study:  Certificate  AA/AS  BS/BA Major: \_\_\_\_\_

**MY SIGNATURE BELOW INDICATES THAT I UNDERSTAND AND AGREE TO THE FOLLOWING:**

I understand that the VA will not pay for the following courses: a) courses I have already successfully completed (some "D" grades are usable)  
b) courses not required to complete my VA Student Education Plan c) Self-paced open-entry/open-exit classes.

Federal Law requires that I immediately report to the MVC Veterans Services office **ANY** changes in my student status (i.e. Adds, Drops, Withdrawals, Incompletes and last day of attendance). Schedule changes must be sent via email to [veterans@mvc.edu](mailto:veterans@mvc.edu) with your name, Student ID # and requested change.

I am responsible to repay the VA any debt due to unauthorized classes or improper drops or withdrawals and that the VA can withhold benefits until all repayments are complete.

I am financially responsible for payments not covered by the VA.

In case the VA denies my certification or incorrect payments are made to the school, I am personally responsible for any and all debts with Moreno Valley College.

I understand that I must submit the Veterans Statement of Responsibility each semester to request my benefits.

I understand that I must submit a Veterans Statement of Responsibility form at RCC and/or Norco College if I am enrolled and will be using my benefits at their school.

I must complete all Moreno Valley College registration requirements before I am certified for VA Educational Benefits.

**BY SIGNING BELOW, I ALSO CONFIRM THAT I HAVE ACTIVATED AND REGULARLY CHECK MY RCCD STUDENT EMAIL.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Staff Use Only:**

Excel  MINF  XSFD  XSPA

Staff Initial: \_\_\_\_\_

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