



# Veterans Services

4800 Magnolia Avenue Riverside, CA 92506 \* Phone: (951) 222-8607 Fax: (951) 222-8617 Email: Veterans@rcc.edu

## VETERAN'S STATEMENT OF RESPONSIBILITY (BLUE SHEET)

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)  
 VRAP

→→YOU ARE REQUIRED TO COMPLETE THIS FORM EACH SEMESTER TO REQUEST YOUR BENEFIT←←

CURRENT STUDENT  NEW STUDENT  WINTER  SPRING  SUMMER  FALL YEAR: \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

SSN OR STUDENT I.D.# \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_  Check box if new address  
Street City State Zip

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

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

→A Veterans Statement of Responsibility form must be submitted at each college attended←

WHAT PROGRAM OF STUDY ARE YOU REQUESTING? (LIST ONE ONLY – VA ONLY APPROVES ONE PROGRAM AT A TIME)

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

### Please list all previous colleges attended

It is your responsibility to obtain official, sealed transcripts <90 days old from **all** colleges attended. The VA requires all of your prior credit to be evaluated **before** we certify your enrollment.

College Name	Units Earned

**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.**

Per VA Regulations:

I understand that the VA **will not** pay for the following courses:

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

I request 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.

I understand that for classes to be certified, they must be **required** on the approved **VA** Education Plan.  
 I will notify RCC VA Office of **any** changes in my schedule, and I understand that misrepresentation of my records or falsely certifying my classes may jeopardize my VA Educational Benefits eligibility.  
 I understand that **"Short term"** classes affect my VA benefits pay.  
 I understand that I am responsible for **Non-Resident Tuition Fees**.

Student's  
Initials

Student's  
Initials

Student's  
Initials

Student's  
Initials

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

Revised 01/21/14

Turning in a "Blue Sheet" once enrolled in classes allows RCC to certify you for your classes and keeps you from being dropped for non-payment.

<i>RCC VA ONLY</i>
MINF _____
XSFD _____
ACCESS _____
XVCC _____
XSPA _____