**SCC Veterans Programs Office**

**Student Responsibility Form**

Student ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Student \_\_\_\_\_ Transfer Student \_\_\_\_\_ Change of VA Benefit Chapter \_\_\_\_\_ Change of Degree \_\_\_\_\_\_\_

Quarter/ Year: Fall \_20\_\_\_\_\_ Winter \_20\_\_\_\_\_ Spring \_20\_\_\_\_\_ Summer \_20\_\_\_\_\_\_

**VA Chapter:** Ch. 33-Veteran (Post9/11) Ch. 33-TOE Dependent Ch. 30 (Montgomery)

 Ch. 1606 Tuition Assistance Ch. 1607 Ch. 31(VR&E) Ch. 35 (Dependent) MyCAA

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number, Street of box City State Zip Code

E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have attended another post-secondary education institution before: Yes \_\_\_\_ NO\_\_\_\_\_

If yes list all institutions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have **COMPLETED** the VONAPP(Application for VA Benefits): Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_ **\*(Required to receive benefits.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please read, initial each line, sign and date to utilize your VA Benefits at SCC.**

\_\_\_\_\_\_\_ My Program of study is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *\*Only one degree is allowed per quarter unless dual objective has been accepted by the SCC Certifying Official.*

\_\_\_\_\_\_\_ I must submit a copy of my class schedule to the Certifying Official EVERY QUARTER I wish to use my benefits.

\_\_\_\_\_\_\_ My benefits/pay are based on **SCHOOL ATTENDANCE AND REQUIRED COURSES FOR MY PROGRAM OF**

 **STUDY. I MUST NOTIFY the Certifying Official of ANY/ALL CHANGES TO MY SCHEDULE** .

 *\*\*Even if the number of credits you are enrolled in does not change you must notify the Certifying Official*

\_\_\_\_\_\_\_ I am responsible for payment of any tuition that is not covered by my VA Benefit. I must make payments by

 the designated date or I will be dropped from all classes.

 (**Ch. 33 less than 100% eligibility, do not remit payment until VA has rendered payment).**

\_\_\_\_\_\_\_ I am responsible for providing an **Official Transcript** from **ALL** previous colleges and universities I have

 attended regardless of accreditation, along with Official Military Transcripts (Joint Service or CCAF) to the

 Enrollment Office before certification of my 4th quarter will be processed.

\_\_\_\_\_\_\_ I understand that transferred-in classes that fulfill a requirement on my Shoreline Community College degree

 may result in an overpayment if I take a class that fits the same requirement. These classes will be removed

 from certification.

**Student Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_