

SCC Veterans Program Office

Student Responsibility Form

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

**Request for:** New student \_\_\_\_\_ Change of VA Benefit Chapter \_\_\_\_\_ Change of Degree \_\_\_\_\_

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

VA Chapter to be used:

Ch. 33-Veteran (Post9/11)  Ch. 33- Dependent  Ch. 30 (Montgomery)

Ch. 1606  Ch. 1607  Ch. 31(VR&E)  Ch. 35(Dependent Ed. Assist.)  VRAP

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

Mailing Address \_\_\_\_\_  
Number, Street of box City State Zip Code

E-mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

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

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

Student must read and initial each line and sign the bottom of this form in order to receive VA Benefits from SCC.

- \_\_\_\_ 1. My degree is \_\_\_\_\_. *\*Only one degree is allowed per quarter unless dual major has been accepted by the SCC Certifying Official.*
- \_\_\_\_ 2. I am responsible for payment of any tuition that is not covered by my VA Benefit. I must make such payments by the designated date or I will be dropped from all classes **(For Ch. 33 less than 100% eligibility, do not pay until VA has rendered payment).**
- \_\_\_\_ 3. 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 (i.e. SMART, AARTS and CCAF) to the Enrollment Office before certification of my 4<sup>th</sup> quarter will be processed.
- \_\_\_\_ 4. 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.
- \_\_\_\_ 5. Along with notifying the school, I **MUST NOTIFY** the Certifying Official of any changes to my contact information and credit load as soon as possible.

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

**Office use only**

- DD214
- Letter of Eligibility
- Military Transcripts
- Prior College Transcripts
- VA ONCE