IMPORTANT INFORMATION

1. If you are not completely sure of your educational goal and/or program of study, please meet with a counselor who can assist. There are many resources, services, and program available at RCC just for you. This can save valuable time in receiving your disbursements in a timely manner.

2. Selecting the appropriate program of study is critical as it will outline courses that you need to take in order to receive benefits and reach your goal in the shortest amount of time as possible.
   a. AS/AA – You are planning to get an Associate Degree from RCC.
   b. BS/BA – You are planning to transfer to a four year institution after completing lower division and major prep at RCC – you must indicate major and institution you wish to transfer.
   c. Certificate – You are planning to complete a vocational certificate program at RCC.

3. Stop by TRIO on the second floor of the Charles A. Kane (CAK) Building and ask about the STAR program. Please talk to the designated Veteran’s Counselor.

4. If you are determined to be a non–resident for tuition purposes and you are using Veterans educational benefits, you may be able to apply for re-classification of residency status. The U.S. Department of Veterans Affairs (VA) does not cover non-resident tuition in educational benefit payments. To change status, students must complete the Supplemental Residency Questionnaire Form along with supporting documentation. This must be done before the end of the term you wish to be considered for resident tuition and submitted to the Riverside City College Admissions & Records office.

5. You are encouraged to stop by the Veteran’s Resource Center if you have any questions or need clarification.

Date submitted: __________________________
Submit to: __________________________

VRC Representative Initial
VETERAN’S STATEMENT
OF RESPONSIBILITY

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)

☐ Current student
☐ New student

SUM___ FAL___ WIN___ SPR___ Year: 20___

Last Name: ___________________________ First Name: ___________________________ MI:

SSN or Student ID #: ___________________________ Email Address: __________________

Address: ___________________________ Street ___________ City ___________ State ___________ Zip

Home/Cell Phone: ___________________________ Other: ___________________________

*Attending another college currently? _____ Name of school: ___________________________ Home College: ___________________________

What program of study are you requesting? (List one only - VA only approves one program at a time)

☐ AS/AA
☐ BS/BA
☐ Certificate

In: ___________________________ Transferring to: ___________________________

(approved major/program) (approved transfer school if BA/BS chosen)

List all previous colleges attended:

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

Initial after reading each statement. By initialing and signing, you are acknowledging that you understand each statement and your responsibility.

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. I also understand that I must submit this form to RCC VA office immediately after registering to prevent from being dropped for non-payment.

Per VA Regulations, I understand the VA will not pay for the following courses:
• Courses I have already successfully completed (some “D” grades may count)
• Remedial courses taken online
• Courses NOT required on my VA Student Educational Plan
• Self-paced open-entry/open-exit classes

I request for 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 “Short term” classes affect my VA benefits pay; in addition I am responsible for Tuition Fees not paid by the VA and it may include Non-Resident Fees.

By signing below I understand in order for classes to be certified, they must be on the required portion of the approved VA Student Education Plan. Furthermore, it is my responsibility to immediately notify in writing the RCC VA Office of any changes in my schedule or academic major, and misrepresentation of my records or falsely certifying my classes may jeopardize my VA Educational Benefits eligibility.

Signature: ___________________________ Date: ___________________________

FOR OFFICE USE ONLY

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4800 Magnolia Avenue Riverside, CA 92506 • Phone: (951) 222-8607 • Email: veterans@rcc.edu

Revised 10/11/16