

Statement of Responsibility

VRC Office Only
 Staff Initials _____
 Ed Plan XSPA
 Orientation

EACH SEMESTER after registration is finalized, this VA Certification Request form is required.

Semester for Certification: Summer Fall Winter Spring Year: 20_____

Last, First Name: _____

Street Address: _____ City: _____ Zip Code: _____

Student ID: _____ Birthdate: _____ RCCD Email: _____@student.rccd.edu

SSN: _____ Cellphone: _____ Other phone: _____

VA Educational Benefit: Chapter 30: *Montgomery GI Bill®* Chapter 31: *Veterans Readiness & Employment*** Chapter 33: *Post 9/11 GI Bill®* Chapter 35: *Survivors/Dependents Provide VA File #:* _____ Chapter 1606: *Selected Reserve*

Chapter 31: VR&E Only: **

Counselor's Name: _____ **Counselor's Email:** _____

Have you previously used VA Educational benefits at another college? Yes, I submitted a *Request for Change of Program or Place of Training VA Form* online (<https://www.va.gov/find-forms/?q=change+place+of+training>). No

I am attending Moreno Valley College (MVC) as a: New Student Continuing Student

Concurrently Enrolled Student attending _____ requesting a Parent School Letter from MVC be emailed to: _____.

Guest Student attending _____, I will request my Primary School send a Parent School Letter to veterans@mvc.edu to certify my MVC courses.

Current Student Educational Plan (SEP) created by the VRC Counselor? Yes No, I would like to schedule an appointment with the VRC Counselor.

Major: _____ Ben Clark Public Safety Program: AOJ/EMS/EMT/Fire/Sheriff

LIST MVC CLASSES YOU WOULD LIKE TO BE CERTIFIED WITH VA ACCORDING TO YOUR SEP:

Course Name (e.g., ENG-1A)	Units	Add or Drop*	Course Location: (On Campus/Online/Hybrid)	Course Start & End Dates:

***FOR DROPS:** If under mitigating circumstances, beyond your control, please indicate below which one of the following is applicable to your situation: injury/accident, illness (physical or mental), death, employment problems, immediate family or financial obligations, or active military transfer/training:

Please be sure to read, sign and date on the back.

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Semester for Certification: Summer Fall Winter Spring Year: 20_____

Last, First Name: _____ Student ID: _____

Per VA Regulations, I understand the following:

- **REPEATING COURSES:** Classes that are successfully completed may not be certified again for VA purposes. However, if a student fails a class, or if a program requires a higher grade than the one achieved in a particular class for successful completion, that class may be repeated and certified to VA again.

- **STANDARD FULL TIME STATUS FOR VA EDUCATION BENEFITS:**

*Spring/Fall (16 weeks) = 12+ Units *Winter/Summer (6 weeks) = 4+ Units.

Pursuing studies at 1/2 status or less will impact eligibility to receive monthly VA payments.

- **CHAPTER 33: POST 9/11 ONLY:** Students only enrolled in distance learning courses are paid a Monthly Housing Allowance equal to 50% of the national average of all Basic Allowance for Housing (BAH) rates. Monthly enrollment verification is required by the student with VA.
- **REMEDIAL and DEFICIENCY COURSES:** Online remedial and deficiency courses, offered as independent study, cannot be approved and cannot be certified to VA.
- **ROUNDING OUT:** A VA student can “round out” a schedule with additional courses to bring their course load up to a full-time schedule in their last term only. The student must have taken (or is enrolled in) every class offered as part of their program. A student may only round out once per program.

By submitting this Statement of Responsibility (SOR) form to the VRC, I acknowledge that this is a mandatory requirement for every semester in which I intend to utilize my VA Education Benefits. I certify that the courses listed are those I am presently enrolled in and that they are required for completion of my academic program, as reflected on my VA Student Educational Plan (SEP) on record with the VRC. I understand that it is my individual responsibility to complete this form and promptly submit it to the VRC immediately upon finalizing my semester enrollment and should there be any adjustments to my semester schedule. _____

Initial

Moreover, I acknowledge that it is my responsibility to regularly monitor my RCCD student email, as the VRC may use this channel for essential communications regarding my VA certification. Finally, I am aware that securing a current SEP from the VRC Counselor is my responsibility should I decide to change my major. The absence of an updated SEP from the VRC will cause my certification procedure to be delayed. _____

Initial

Student's Signature: _____ Today's Date: _____

GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about educational benefits offered by the VA is available at the official U.S. government website www.benefits.va.gov/gibill.

VRC Office Only: MINF EXCEL **VR&E PO on file DUAL CERT