



**MORENO VALLEY COLLEGE**

# VETERAN'S STATEMENT OF RESPONSIBILITY

**You are required to complete this form every term to request your benefits**  
(Please allow up to two weeks from the date submitted for processing)

**Semester:**  Winter  Spring  Summer  Fall **Year:** 20 \_\_\_\_\_

33 Post 9/11  30 Montgomery  31 Voc Rehab  1606/07 Reservist  35 DEAP VA File # \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_

**SS#** \_\_\_\_\_ **Student ID #** \_\_\_\_\_ **RCCD Email** \_\_\_\_\_

**Address** \_\_\_\_\_  
*Street City State Zip*

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

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

**Declared Program of Study:**  Certificate  AA/AS  BS/BA **Major:** \_\_\_\_\_

**MY SIGNATURE BELOW INDICATES THAT I UNDERSTAND AND AGREE TO THE FOLLOWING:**

I understand that the VA will not pay for the following courses: a) courses I have already successfully completed (some "D" grades are usable) b) courses not required to complete my VA Student Education Plan c) Self-paced open-entry/open-exit classes.

Federal Law requires that I immediately report to the MVC Veterans Services office **ANY** changes in my student status (i.e. Adds, Drops, Withdrawals, Incompletes and last day of attendance). Schedule changes must be sent via email to [veterans@mvc.edu](mailto:veterans@mvc.edu) with your name, stu ID # and requested change.

I am responsible to repay the VA any debt due to unauthorized classes or improper drops or withdrawals and that the VA can withhold benefits until all repayments are complete.

In case the VA denies my certification or incorrect payments are made to the school, I am personally responsible for any and all debts with Moreno Valley College.

I understand that I must submit a Veterans Statement of Responsibility form to RCC and/or Norco College if I am enrolled and will be using my benefits at their school.

I must complete all Moreno Valley College registration requirements before I am certified for VA Educational Benefits.

**BY SIGNING BELOW, I ALSO CONFIRM THAT I HAVE ACTIVATED AND REGULARLY CHECK MY RCCD STUDENT EMAIL.**

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

Note: Electronic signatures are not permitted. You must submit a hand-written signature.

**Effective Fall 2014, all eligible veterans or active duty military members who are on academic dismissal or have completed 100+ units will no longer receive access to priority registration. I understand that if I'm at risk of losing priority registration access, I agree to meet with an academic counselor to develop a plan in order to reach my academic goals. \_\_\_\_\_ IN**

**Staff Use Only:**

Excel  MINF  XSFD  XSPA

**Staff Initial:** \_\_\_\_\_

**Date:** \_\_\_\_\_