



VISOR



VETERANS INTENT & STATEMENT OF RESPONSIBILITY

YOU ARE REQUIRED TO COMPLETE THIS FORM EACH TERM TO REQUEST BENEFITS

2001 THIRD STREET, NORCO CA 92860-2ND FLOOR STUDENT SERVICES - PHONE 951.372.7142 - FAX 951.739.7887

Status: Current Student New Student

Chapter: Ch. 30 Ch. 31 Ch. 33 Ch. 1606 Ch. 1607 VRAP Ch.35 VA File # _____
(ONLY REQUIRED FOR CHAPTER 35)

Term: Winter Spring Summer Fall Year: _____

Staff Only	
EXCEL	
MINF	
XSPA	
XSFD	
Staff	
Date	

Social Security Number: _____ Student ID: _____

Name: _____
Last First M.I.

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Email: _____

Concurrently attending another college: Yes No If Yes, Name of College: _____

Ed Goal:

AA/AS Major: _____

BS/BA Transferring to: _____

Certificate

Per V.A. Regulations:

I understand that the V.A. will not pay for the following courses:

- Courses I have completed successfully (Some "D" grades useable)
- Courses not listed on my VA Student Educational Plan
- Self-paced open-entry /open exit courses
- Courses not required to complete my VA Student Educational Plan

I request Norco College to submit a certification of V.A. Educational Assistance this term on my behalf.

(I realize this may require release of confidential academic information to necessary institutions)

I understand that for classes to be certified, they must be required on the approved Veterans Education Plan. I will notify Norco College Veterans Services office of any changes in my schedule, and I understand that misrepresentation of my records or falsely certifying my classes may jeopardize my VA Educational Benefits eligibility.

Student's Signature: _____ Date: _____

I understand that I must complete this form each term to request my benefits, and that I must complete all requirements before I will be certified for VA Educational Benefits.