

For Office Use Only:
 Intent Rec'd _____
 Registered _____
 VAONCE _____



STUDENT RESPONSIBILITY AGREEMENT

THIS FORM MUST BE COMPLETED PRIOR TO ENROLLMENT

Last Name: _____ First Name: _____ Middle Initial _____

Campus ID: _____ SSN: _____ DOB: _____

Address: _____

E-mail: _____ Phone: _____

STUDENT STATUS

- Continuing Student **Enrolled at Temecula Campus**
 New Student (INCLUDE: COE VA Form 22-1995 & DD-214(VETERANS ONLY))

MILITARY STATUS (*check one response*)

- Veteran Reservist Active Duty (currently serving) Dependent

BRANCH OF SERVICE (*check all that apply*) (**Active Duty, Reservist or Veteran ONLY**)

- Air Force Army Coast Guard Navy
 Air National Guard Army National Guard Marine Corps

BENEFITS STATUS

Please indicate the benefit/s you intend to utilize this semester, and if applicable, the percentage for which you're qualified. Attach to this form all supporting documentation.

- Chapter 33: Post 9/11 GI Bill (____%) Chapter 30: Montgomery GI Bill
 Chapter 31: Vocational Rehabilitation Chapter 35: Dependents Educational Assistance
 Chapter 1606: Mont GI Bill—Reserves

ACADEMIC INFORMATION

Program: _____

COORDINATOR NOTES:

VETERAN RESPONSIBILITIES

APPROVED COURSES: You must register in courses that are required for the educational objective you have selected. The Veterans Administration only pays benefits for those courses that are part of an approved degree program, and that have not been previously and successfully completed. Please refer to your Academic Requirements Report (ARR) or meet with your advisor to be sure the classes you are taking will apply towards your degree.

SCHEDULE ADJUSTMENTS: You have 10 days to report schedule adjustments (i.e. adds or drops) to the CSUSM Veterans Center. Changes in enrollment after the last day to drop and add courses may result in the retroactive loss of benefits unless the VA finds mitigating circumstances involved in the change. Loss of benefits could revert back to the first day of class.

CHANGE IN MAJOR: If, at a later date, you wish to select a different educational objective, you must come to the CSUSM Veterans Center and request the change of educational objective in writing within 10 days (VA Form 22-1995).

GRADES OF WITHDRAWAL: You must report any grades of "W" (withdrawal) to the CSUSM Veterans Center within 10 days. Since VA Payment to you is based on "pursuit" of your program you must be enrolled and successfully completing your courses to be eligible for VA benefits. All grades of "W" will be retroactively reported to the VA and may result in the retroactive loss of benefits unless the VA finds mitigating circumstances involved in the change. Loss of benefits could revert back to the first day of class.

CHANGE IN ENROLLMENT: Federal law requires you to report any changes in your enrollment status that might affect your VA educational benefits. Once you are enrolled at Cal State San Marcos and you have been certified through the CSUSM Veterans Center, it is your responsibility to notify the office of any changes in status. This includes alterations to class schedule, change of major and change of address. Changes should be reported promptly to avoid delay in payments or possible overpayments.

REFUNDS: Refunds will be processed in accordance with the published CSUSM policy, and will be refunded directly to the issuer of payment.

REMAINING ENTITLEMENT: To avoid possible overpayment by the VA and additional unexpected costs to the student, students utilizing Chapter 33 Post 9/11 GI Bill are required to submit the number of months/days of remaining entitlement to the CSUSM Veterans Center. The information can be obtained from the VA website at www.ebenefits.va.gov.

ACKNOWLEDGEMENT OF RESPONSIBILITIES (*Please check all*)

- I am aware I will be financially responsible for payment of fees not covered by the VA.
- I am responsible for all VA debts resulting from reductions or terminations of enrollments, even if the payments was directly submitted on my behalf.
- I am aware that changes in my registration may alter the payment the VA will award me.
- I am aware that any applicable refunds will be processed in accordance with published CSUSM policy, and will be submitted directly to the issuer of payment.
- I request to be certified to receive my VA benefits for the _____ program.
- To the best of my knowledge, I certify I have _____ months and _____ days of remaining entitlements. (Chapter 33 only)

Signature of Service Member/Veteran/Dependent

Date

Note: For questions please contact the Extended Learning Veterans Coordinator at 760.750.8705