VETERANS STATEMENT OF RESPONSIBILITY

(COMPLETE THIS FORM EACH SEMESTER TO REQUEST YOUR BENEFITS)



PALO VERDE COLLEGE ONE COLLEGE DRIVE BLYTHE, CALIFORNIA 92225 (760) 921-5500

(Circle one) New Student	Current Student	FALL []	SPRING []	SUMMER []	Year	
Last Name:	First Name:		M	II: Birthdat	e	
SSN:	Email Ac	ddress:				
Address (you want VA to have):	Street		City		State	Zip
Home Phone	Cell Phone		Other	В	irthdate	
VA Benefits you are requesting:	[] Montgomery GI Bill (30 [] Post 9/11 (33) [] Post 9/11 Transferred ([]R	EAP (1607)	VA File	t of Veteran # (Chapter 3	
Declared Program of Study (<i>LIST Of</i> []AA []AS Specific M []Certificate				A TIME AND IT MUS		
Are you attending another college co	ncurrently?yesno	yes, name of c	college			
Please list all previous colleges atten	ided:					
College		Units Farned		lou must obtain o	fficial trans	crints from

College	Units Earned	You must obtain official transcripts from
		<u>all</u> colleges you have ever attended
		during your first term of enrollment at
		Palo Verde College. The VA requires
		that all prior credits earned be evaluated.

Read and initial all the following:

- 1. _____ 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.
- 2. _____ I understand that the VA will not pay for 1) courses that I have already successfully completed (exceptions apply for some "D's"), 2) Courses not required on the approved VA Educational Plan, 3) Remedial courses taken online or by Distance Education, or 4) Self-paced open-entry /open-exit classes. And, I understand that short-term courses affect my VA benefits pay as the courses are reported with different beginning and ending dates.
- 3. _____ I am aware that changes in my registration may alter any payment the VA may award me, so I will notify the college VA Certifying Official of any changes in my schedule, and I understand that misrepresentation of my records or falsely certifying my classes may jeopardize my VA Educational Benefit eligibility.
- 4. _____ I understand that I am responsible for Tuition fees, including Non-Resident fees not paid by the VA. I also understand that I will be liable for any overpayment that I might receive from the Veterans Administration.
- 5. _____ I understand that I need to make satisfactory progress toward my stated degree objective. If I fail to maintain satisfactory progress according to the standards found in the PVC college catalog, I will not be certified for VA Educational Benefits until my academic status is restored to good standing.

CLASS SCHEDULE THIS SEMESTER

Course Number	Course Title	Units	Distance Ed.	On Campus	Short-term	Start Date	End Date	

I am requesting Palo Verde College to submit a certification for VA Educational Assistance this term on my behalf. I am aware that this may require release of confidential academic information. And, I hereby certify that all statements are true and complete to the best of my knowledge and belief.