



SDSU College of Extended Studies Student Veteran Responsibility Agreement

College of
Extended Studies

Term of Agreement:

(Semester/Year)

Last Name: _____ First Name: _____ VA Claim #: _____

RedID: _____ SSN: _____ DOB: _____

Address: _____
(Street) (City) (State) (Zip)

E-mail: _____ Phone: _____

MILITARY STATUS (check one response)

Veteran Reservist Active Duty (currently serving) Dependent

BENEFIT 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 (e.g. Certificate of Eligibility; Tuition Assistance Application).

Chapter 33: Post-9/11 GI Bill (____%)	Tuition Assistance
Chapter 30: Montgomery GI Bill	MyCAA
Chapter 31: Vocational Rehabilitation	ROTC
Chapter 1606: Montgomery GI Bill - Reserves	CA Army National Guard
Chapter 1607: REAP	Other: _____
Chapter 35: Dependents Educational Assistance	

For dependents only:

Are you receiving a Transfer of Entitlement? Yes No

BRANCH OF SERVICE (check all that apply)

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

DEGREE OBJECTIVE

Professional Certificate Program: _____

Student Veteran Responsibilities

APPROVED COURSES: You must register in courses that are required for the educational objective you 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 degree audit and/or contact your program coordinator 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 SDSU CES Military and Veterans Services Office. 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.



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Student Veteran Responsibilities (continued)

CHANGE IN MAJOR: If, at a later date, you wish to select a different educational objective, you must come to the SDSU CES Military and Veterans Services Office and request the change of educational objective in writing within 10 days.

GRADES OF WITHDRAWAL: You must report any grades of "W" (Withdrawal) to the SDSU CES Military and Veterans Services Office within 10 days. VA payment to you is based on "pursuit" of your program so 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 change in your enrollment status that might affect your VA education benefits. Once you are enrolled at San Diego State and you have been certified through the SDSU CES Military and Veterans Services Office, 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 accord with published SDSU policy, and will be refunded directly to the issuer of payment.

Acknowledgment of Responsibilities

(Read and initial each item)

_____ I have read and understand the responsibilities listed above.

_____ 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 termination of enrollment, even if the payment 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 accord with published SDSU policy, and will be submitted directly to the issuer of payment.

_____ I am aware that I must comply with the attendance, progress, and conduct policies as described in the Veterans Information Bulletin.

_____ I am aware that the SDSU CES Military and Veterans Services Office is not a subset of the Department of Veterans Affairs, and that it does not make any benefit eligibility determinations.

_____ I request to be certified to receive my VA benefits for the _____ term.

Signature of Service Member/Veteran/Dependent

Date