

# STUDENT RESPONSIBILITY AGREEMENT/ CERTIFICATION REQUEST FORM



THIS FORM MUST BE COMPLETED FOR EACH SEMESTER TO UTILIZE YOUR BENEFITS

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SF State ID: \_\_\_\_\_ VA Claim #: \_\_\_\_\_

VA Certification Address (If different from school mailing address):

\_\_\_\_\_  
\_\_\_\_\_  
Street City State Zip Code  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## STUDENT STATUS

- Continuing Student at SF State
- New Student:  Freshman  Transfer
  - Certificate of Eligibility on file (Ch. 33 & 35 only)
  - Veterans: VA Form 22-1995 on file. Dependents: VA Form 22-5495 Ch.33/Ch.35
- Guest Student  Parent School Letter/ School \_\_\_\_\_

## FINANCIAL AID APPLIED FOR OR ACCEPTED

- Cal Grant  State University Grant  Pell Grant  Loans

## MILITARY STATUS (check only current status)

- Veteran  Dependent  Active Duty (currently serving)  Reserve

## BRANCH OF SERVICE

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

## EDUCATIONAL BENEFIT(S)

- Chapter 33: Post 9/11 GI Bill (\_\_\_\_%)  Chapter 1606: Reserves
- Chapter 30: Montgomery GI Bill
- Chapter 31: Vocational Rehabilitation (Counselor email: \_\_\_\_\_)
- Chapter 35: Dependents Educational Assistance
- Cal Vet Fee Waiver Plan:  A  B  C  D

Note: Concurrent receipt of Ch. 35 and Cal Vet Plan "A" is prohibited.

## DEGREE OBJECTIVE

- BA  BS  MA  MS  Certificate/Credential  Other: \_\_\_\_\_

Note: Student must submit a current Degree Progress Report(DPR) or What-if report and highlight courses being certified. Courses not showing on the DPR may need additional approval by an advisor before being certified.

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Since last term, have you changed majors, added a second major, or added a minor? Yes No

Have you applied for or do you intend to apply for graduation for the current term? Yes No

## **For office use only:**

Certified by: \_\_\_\_\_ Date: \_\_\_\_\_

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## INDIVIDUAL RESPONSIBILITIES

**1. APPROVED COURSES:** The only courses that may be approved for VA educational benefits are those required for the degree objective and that have not previously been successfully completed. Refer to your degree progress report, graduate program of study, SF State Advising Center, and/or your department advisor to ensure all classes are applicable towards your objective. Deviations from the required classes must be approved by an appropriate individual authorized to make substitutions (i.e. department advisor, department chair, dean, etc.). When VA auditing occurs and courses outside of your program are found, you will be held liable to pay back BAH/tuition to the VA unapproved courses. Initial: \_\_\_\_\_

**2. SCHEDULE ADJUSTMENTS:** Federal law requires any changes in enrollment status that may affect VA education benefits be reported. Any changes to your class schedule (i.e. adds/drops) may have an impact on your VA education benefits. If you change your schedule, notify the SF State Veterans Center as soon as possible to avoid possible retroactive loss of benefits. Unauthorized withdrawal from courses may result in retroactive loss of benefits and a potential debt to the VA and/or university. Initial: \_\_\_\_\_

**3. ACADEMIC PROBATION:** Students that are on or facing academic probation should contact the Veterans Center for possible resources to improve their academic progress. Initial: \_\_\_\_\_

**4. CHANGE IN MAJOR:** If you change your major, you must provide the Veterans Center with a signed copy of VA Form 22-1995 (VA Form 22-5495 for Ch. 35). If you add a second major, you will need to provide the Veterans Center with a copy of your degree evaluation obtained from the What-If Degree Progress Report. Request this early as it can take several weeks to a few months for evaluation to be generated. Initial: \_\_\_\_\_

**5. PAYMENTS/REFUNDS:** If you are not rated at 100% under the Post 9/11 GI Bill, your portion of the tuition and fees must be paid by the schedule adjustment deadline each semester. If you pay tuition and fees that are then covered by the GI Bill, your refund will be processed in accordance with SF State policy and will be refunded after payment is received from the VA. For additional information contact the SF State Bursar's Office (415) 338-1281. Initial: \_\_\_\_\_

**6. REMAINING ENTITLEMENT:** To avoid possible overpayment by the VA and additional unexpected costs to the student, all VA Benefit users (especially Post 9/11 GI Bill [Ch. 33]) are encouraged to keep track of their remaining entitlement. The information is sent each semester to the student by the VA or can be obtained from [www.ebenefits.va.gov](http://www.ebenefits.va.gov) or by calling (888) 442-4551. Initial: \_\_\_\_\_

**7. POST 9/11 CERTIFICATION PROCESS:** Federal law requires the VA to be the "last payer" for tuition and fees. Financial aid (i.e. grants, loans, scholarships, etc.) specifically awarded for tuition and fees will be applied first and the VA will pay the difference. The Veterans Center will report your tuition to the VA at the beginning of the semester as \$0.00 in order to allow applicable housing and book stipends to be paid. Near the end of the semester, the final tuition amount will be reported to the VA for payment to SF State. Students will receive occasional notifications from the school that their tuition has not been paid. These can generally be disregarded provided that the student has been certified to the VA and is rated at 100% under the Post 9/11 GI Bill. Additional questions should be directed to the Veterans Center staff or by visiting the GI Bill website at [www.gibill.va.gov](http://www.gibill.va.gov). Initial: \_\_\_\_\_

## **ACKNOWLEDGEMENT:**

**Certifications will not be processed until this form is completed.**

I am aware of and understand my responsibilities in using my VA education benefits. Initial: \_\_\_\_\_

I request to be certified for \_\_\_\_\_ units for the \_\_\_\_\_ term. Initial: \_\_\_\_\_

To the best of my knowledge, I have \_\_\_\_\_ months and \_\_\_\_\_ days of remaining entitlements. Initial: \_\_\_\_\_

\_\_\_\_\_  
Signature of benefit user

\_\_\_\_\_  
Date