

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 #: _____
Email: _____ Phone: _____

STUDENT STATUS (Check that applies)

- Continuing Student at SF State

- New Student: Freshman Transfer
(If a new student):
 - 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 (Used benefits before)

- Non-Resident

- College of Extended Learning (CEL)

- 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 (Ensure CSU Residency): A B C D
 - Cal Vet Award for Academic Year _____ to _____.

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

DEGREE OBJECTIVE

- BA BS MA MS Certificate/Credential Other: _____

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: _____

DATE/RECEIVE BY STAMP

HERE

PROCESSING:

- VETS DATA INTL _____
- STD GROUP INTL _____
- VAONCE INTL _____
- TRACKER INTL _____

STUDENT RESPONSIBILITY AGREEMENT/ CERTIFICATION REQUEST FORM



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 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.

Initial: _____

8. CAL VET FEE WAIVER: Having been found eligible for benefits means that you shall not be charged mandatory system-wide tuition or fees while attending a California Community College, a campus of the California State University system, or a campus of the University of California system. However, the LOCAL FEES of the institution are NOT covered. For a breakdown of tuition and local fees, please refer to the Bursar's link.

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 under **Regular University/ CEL** (circle one)

for the _____ Semester _____ yr.

(Check if Requesting): **¾ TIME**

Initial: _____

Signature of benefit user

Date