

Instructions: fill out form, choose 'print' icon then 'save as pdf' and email form from your device to financialaid@rpcc.edu



Office of Financial Aid & Scholarships
Gonzales-Westside-Reserve Campuses
Financialaid@rpcc.edu

Veterans Affairs Responsibility Form

Student's Name: _____ Student ID #: _____

Mailing Address: _____ Telephone Number: _____

Email Address: _____

The Veterans Administration requires that all recipients of educational benefits maintain academic progress towards their degree. Listed below is a summary of current VA recipient's responsibilities.

Please read and initial. Sign and date. Email _____@_____

_____ **Certification of Classes**

I understand that all classes I enroll in must be required for the degree/program of record that I am pursuing. I understand that any additional classes not in my degree program cannot be certified for veteran's educational benefits, unless this is your last semester. **Date of Graduation** ____ / ____ / ____

_____ **Withdrawal from Classes**

I understand that if I withdraw from a class (W), RPCC must report this grade to the VA along with my last date of attendance. This grade will not impact my GPA.

_____ **Attendance of Classes**

I understand that if I stop attending a class, RPCC must report my last date of attendance.

_____ I understand I could be responsible for the repayment of VA educational benefits associated with withdrawing. Repayment includes book stipend, monthly housing allowance, and/or tuition & fees monies.

_____ I understand that it is also my responsibility to understand all aspects of my benefit. I can contact the RPCC Certifying Official, the VA (888-442-4551), or the VA website (www.gibill.gov) for more information.

_____ **Course(s) I will be withdrawing from:** CRN: _____ **Course(s) Name & Number** _____
CRN: _____ **Course(s) Name & Number** _____

MY SIGNATURE INDICATES THAT I UNDERSTAND THE VETERANS RECIPIENT RESPONSIBILITIES AS OUTLINED IN THIS FORM.

Signature **Date** **VA Chapter**

VA School Certifying Official _____ **Date** _____

Course Reduction: Initial hours certified to VA _____ **After withdrawal** _____