

## VA STUDENT RESPONSIBILITY FORM

As a Yellow Ribbon School, Pacific Oaks College is proud to support military servicemembers in their pursuit of higher education. Active duty, veteran, and eligible military dependents may utilize VA benefits toward courses by submitting this completed form via email, fax, post, or in person using the contact information listed above.

**You must submit a new form for each semester/session in which you intend to use your benefits.**

SECTION I: STUDENT INFORMATION					
Name:				Campus:	
PO Email:			Student ID #:		
Address:			City:		
State:		Zip Code:		Preferred Phone:	
Faculty Advisor Name:				Faculty Advisor Email:	
Current Academic Program:					
<input type="checkbox"/> BA/HD		<input type="checkbox"/> MA/HD		<input type="checkbox"/> MA/ECE	
<input type="checkbox"/> BA/ECE		<input type="checkbox"/> MA/MFT		<input type="checkbox"/> MA/ED with Credential:	
<input type="checkbox"/> BA/ECE with Credential:		<input type="checkbox"/> MA/OLC		<input type="checkbox"/> Credential Only:	
				<input type="checkbox"/> Non-Matriculating	
				<input type="checkbox"/> Other:	

SECTION II: BENEFITS INFORMATION			
<b>Semester/Session in which you would like to use your benefits:</b>			
Year	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring 1	<input type="checkbox"/> Spring 2
	<input type="checkbox"/> Summer	<input type="checkbox"/> Summer 1	<input type="checkbox"/> Summer 2
	<input type="checkbox"/> Fall	<input type="checkbox"/> Fall 1	<input type="checkbox"/> Fall 2
<b>Branch of Service:</b>			
<input type="checkbox"/> Air Force	<input type="checkbox"/> Air Nat'l Guard	<input type="checkbox"/> Army	<input type="checkbox"/> Army Nat'l Guard
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marine Corps.	<input type="checkbox"/> Navy	
<b>Benefits Status:</b>			
<i>Please select the benefits you intend to use this semester, and indicate the percentage for which you are qualified (if applicable). Attach your certificate of eligibility when submitting this form.</i>			
<input type="checkbox"/> Chapter 31 – Vocational Rehabilitation		<input type="checkbox"/> Chapter 30 – Montgomery GI Bill	
<input type="checkbox"/> Chapter 33 – Post 9/11 GI Bill: _____%		<input type="checkbox"/> Chapter 1606 – Montgomery GI Bill	
<input type="checkbox"/> Chapter 35 – Survivors and Dependents Educational Assistance Spouse or Parent File #: _____		<input type="checkbox"/> Yellow Ribbon Program	
<input type="checkbox"/> Chapter 1607 – Reserve Education Assistance Program (REAP)		<input type="checkbox"/> Other: _____	

**SECTION III: STUDENT RESPONSIBILITIES**

<b>Approved Courses</b>	VA benefits only cover courses required as part of an approved academic program. Courses are not covered by VA benefits if they have been previously and successfully completed. Please contact your Faculty Advisor to ensure you are registering in required courses.
<b>Schedule Adjustments</b>	Students may make adjustments to their schedule up to the Add/Drop deadline. Any changes in the number of units in which a student is registered may result in the loss of benefits, possibly reverting to the beginning of the semester or session, unless the VA determines there are extenuating circumstances.
<b>Change in Enrollment</b>	Federal law requires you to report any change in your enrollment status which may affect your VA benefits. This includes schedule adjustments, change of program/specialization/concentration, or change of address.
<b>Withdrawal from a Course</b>	Withdrawing from a course after the Add/Drop deadline may result in a "W" grade, which will be reported to the VA and may result in loss of benefits, possibly reverting to the beginning of the semester or session.
<b>Refunds</b>	Refunds will be issued according to the refund schedule in the <a href="#">Academic Catalog</a> . Refunds will be issued directly to the issuer of payment.
<b>Change of Program, Specialization, or Concentration</b>	Students who wish to change their program, specialization, or concentration must obtain approval from the Associate Dean of their desired area of study and notify the Office of the Registrar in writing.

**SECTION IV: STUDENT ACKNOWLEDGEMENT**

<input type="checkbox"/>	I am aware that I will be responsible for payment of fees not covered by the VA.
<input type="checkbox"/>	I am responsible for all VA debts resulting from changes in or termination of enrollment, even if payment was directly submitted on my behalf.
<input type="checkbox"/>	I am aware that changes in the number of units in which I am enrolled may alter the payment the VA will award me.
<input type="checkbox"/>	I am aware that any applicable refunds will be processed in accordance with the published refund schedule in the <a href="#">Academic Catalog</a> , and will be submitted directly to the issuer of payment.

**SECTION V: STUDENT SIGNATURE**

By signing this document, I verify that the above is true and correct. I understand the terms of my VA eligibility.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION VII: PROCESSING (To be completed by the VA Certifying Official)**

VA Certifying Official Initials:	Date Received:	Date Processed:
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