

Whatcom Community College - Veteran Services Office

ACKNOWLEDGEMENT OF PERSONAL RESPONSIBILITY

The academic period covered by this statement runs concurrently with all periods for which enrollment is certified by Whatcom Community College to the Veterans Administration.

If I am granted educational assistance by the Veterans Administration, I hereby certify the following:

1. I believe myself to be entitled to educational benefits under Chapter 30, 31, 33, 35, 1606, 1607 of the United States Code.
2. I am or will be a matriculated student as defined by the Office of the Registrar, taking the number of credits for which I am being compensated during the times for which I am requesting this benefit.
3. I acknowledge that I am responsible for having military transcripts and academic transcripts from previous colleges sent to Admissions Office at Whatcom Community College and that I will request that they be officially evaluated within 2 quarters of my initial attendance.
4. I hereby acknowledge that the information submitted on my application is true and correct and I fully understand the requirements for maintaining adequate academic progress.
5. I will personally make all arrangements through the Veterans Office at Whatcom Community College for the termination of my benefit program at the time I cease to be enrolled as a student at Whatcom Community College.
6. I will consult with and inform the Veterans Office at Whatcom Community College of any changes of conditions that could affect my entitlement under the VA benefit program such as changes in program of study, changes in credit load and tuition, address changes, changes in marital status or number of dependents.
7. I authorize the Veterans Office at Whatcom Community College to release any information concerning my records at Whatcom Community College to any federal, state, institutional or local organization or agency necessary to the administration of my benefit program, the processing of my application, or submitting required reports.
8. I will submit my student schedule to the Veterans' Office each quarter and complete an annual Program Completion Plan each year in order to receive VA educational benefits. I know that without these two items my enrollment will not be certified and I may be underpaid by the VA and/or dropped from my classes for non-payment by Whatcom Community College.
9. I understand that the authorization required above will remain in effect unless revoked by me in writing. I further understand that in endorsing or approving applications for VA educational benefits, Whatcom Community College has legal and contractual obligations for submitting subsequent reports as required by the VA, and that when these commitments apply, this authorization cannot be revoked.

My signature below indicates that I have read and understand my responsibilities as listed in this statement.

Print your name: _____ Date: _____

Signature: _____