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**Veteran’s Responsibilities**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: (800) \_\_\_\_-\_\_\_\_\_ & SS#: \_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_**

**VA Education Benefit for which certification is requested: (Please check one)**

**❒** Chapter 30 Montgomery GI Bill **❒**Chapter 31 Voc. Rehab. **❒**Chapter 33 Post 9ll GI Bill- Eligibility Tier \_\_\_\_%

**❒** Chapter 35 → Veteran’s File # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Required)**

**❒** Chapter 1606 Montgomery GI Bill Selected Reserves

**❒** Chapter 1607 Montgomery GI Bill Selected Reserves (Reserve Educational Assistance Program-REAP)

**❒** Military Spouse Career Advancement Account

**❒** Certificate of Eligibility (COE) **❒**Attached **❒**On File

**❒** DD-214 **❒** Attached **❒** On File

**❒** Yellow Ribbon Scholarship Application **❒** Attached

**Please read the following statements and initial in the space provided.**

\_\_\_\_\_\_\_ In order to continue VA Educational Benefits, I must maintain Satisfactory Academic Progress.

*[An eligible person is placed on academic warning if the student’s cumulative grade point average (GPA) falls below a 2.0 in any semester. VA Educational Benefits will be suspended for any eligible student who fails to achieve a 2.0 cumulative GPA for a second consecutive semester. Benefits may be re-instated when a student regains a 2.0 cumulative GPA. The veteran or dependent may submit a SAP appeal to the Office of Financial Planning.]*

\_\_\_\_\_\_\_ **Register only for courses that will apply to your degree program**. Only courses that apply towards your declared major will be certified. Failure to take the proper courses will result in an overpayment and the reduction or termination of benefits. Veterans and Dependents assume full liability for any overpayment of veteran’s benefits.

\_\_\_\_\_\_\_ I understand that VA will not pay for audited courses, withdrawals or non-required courses.

\_\_\_\_\_\_\_ I have provided or will provide official transcripts to Stetson University, Office of Admissions and Registrar’s Office, for all colleges I have attended.

***Note: Failure to submit official transcripts will cause a delay for future benefits.***

\_\_\_\_\_\_\_ I must immediately notify the Office of Student Financial Planning if:

* **Add or Drop a course**
* **Change your major or program\***
* **Change your address**
* **Withdraw from school**
* **Change in dates of attendance**
* **Complete your program or graduate**

***\*When you change your major or program:***Students will be required to complete a change of program request, VA Form 22-1995 (chapters 33, 30, 1606 and 1607) or 22-5495 (chapter 35). For chapter 31 students, see your case manager.

\_\_\_\_\_\_ When you take a STUDY ABROAD: Requires letter from your Dean showing which foreign classes fulfill your degree requirements

\_\_\_\_\_\_\_ In order for Stetson University to certify my enrollment I must complete and sign the Veteran Registration Information form and the Veteran’s Responsibility form **every year** if I plan to receive VA benefits.

I hereby certify that all statements are true and complete to the best of my knowledge.

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