CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO
Veterans Success Center

Veterans Success Center
Lower Level Coyote Bookstore, Room-005A
Phone: (909) 537-7196   **Fax:** (909)537-7584   **Email:** jespinoza@csusb.edu

VETERAN STATEMENT OF RESPONSIBILITY

Student Information

First Name: _____   **MI:** _____   **Last Name:** _____

Address: _____   **DOB (mm/dd/yy):** _____

City: _____   **State:** _____   **Zip code:** _____

Phone Number: _____   **Email:** _____

SSN: _____   **Coyote ID:** _____   **Claim #** (If Chapter 35)**:** _____

Education Information

☐ B.A. Bachelors of Art   ☐ Teaching Credentials   ☐ Ed.D. Educational Leadership
☐ B.S. Bachelors of Science   ☐ Masters

Major: _____   **Concentration:** _____

*To be certified for educational benefits, you must be enrolled in a **DEGREE PROGRAM & DECLARE A MAJOR**. If you fail to do this by your second quarter of attendance, your VA benefits will stop! If you have any questions, contact the Certifying Official at (909) 537-7196.

Benefit Information
Please check benefit program you are applying for.

☐ REAP (Chapter 1607)   ☐ Reserves G.I. Bill (Chapter 1606)   ☐ G.I. Bill (Chapter 30)
☐ Post 9/11 G.I Bill (Chapter 33)   ☐ Dependent Benefits (Chapter 35)   ☐ Voc. Rehab (Chapter 31)

Please indicate the number of units you are enrolled in.
(ONE certification per term)

Summer-Regular 10 WK	Summer- (6W1)	Summer- (6W2)
No. of Units: _____	No. of Units: _____	No. of Units: _____
Fall	**Winter**	**Spring**
No. of Units: _____	No. of Units: _____	No. of Units: _____

You will ONLY be certified for classes that are part of your educational plan.

I request that California State University, San Bernardino, submit the appropriate forms to the Veterans Administration. I also give the University permission to notify the VA if I change my unit status, make unsatisfactory academic progress, or withdraw from school and to furnish other information requested by the VA in regards to this claim. I understand that it is my responsibility to notify the Certifying Official immediately of any changes or withdrawals. Failure to do so in a timely manner may result in an over payment by the VA Administration for which I may be required to repay.

Signature: _____   **Date:** _____

Office Use Only: ☐ Enrollment Summer ☐ Customer Accounts ☐ Term Award Summary ☐ Student Program Plan ☐ Student Groups ☐ Manage Service Indicator