

## VETERAN STATEMENT OF RESPONSIBILITY

First Name \_\_\_\_\_ M \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

SSN \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ DOB (mm/dd/yy) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\*Present Major \_\_\_\_\_

\*Check Present Degree Objective Below

Bachelor of Art    
  Bachelor of Science    
  Master's Degree    
  Doctorate Degree

MyCoyote ID # \_\_\_\_\_ Claim # (If Chapter 35) \_\_\_\_\_

\*To be certified for educational benefits, you must be enrolled in a degree program and **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.

**Please check the benefit program for which you are applying.**

REAP (Chapter 1607)    
  Reserve G.I. Bill (Chapter 1606)    
  G.I. Bill (Chapter 30)  
 Post 9/11 G.I. Bill (Chapter 33)    
 Dependent Benefits (Chapter 35)

**Please indicate the number of units for which you want to be certified.  
 You will be certified only for the term or terms you check below.**

Summer - Regular-10 Wk No. of units _____	Summer - Six-Wk 1 No. of units _____	Summer - Six-Wk 2 No. of units _____
Fall (Sept – Dec) No. of units _____	Winter (Jan – Mar) No. of units _____	Spring (Apr – Jun) No. of units _____

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 of Applicant \_\_\_\_\_ Date \_\_\_\_\_