

RESPONSIBILITY FORM

This form is required when completing as a Clarendon College Student receiving VA Educational benefits,
you are responsible for the following:

PLEASE INITIAL AFTER READING EACH ITEM

- Eligible veterans, reservists, active duty, and dependents are responsible for request VA Education benefits through the office of Veteran Services. _____
- Eligible veterans, reservists, active duty, and dependents are responsible for requesting Hazlewood exemptions as necessary. _____
- I understand I am responsible to submit all required documents before VA Education benefits will be certified. _____
- You must report any classes **added, dropped, or withdrawn** from **immediately** to the Office of Veteran & Military Services. _____
- All changes of your major must be reported to the Office of Veteran & Military Services with a completed form VA 22-1995 or via www.va.gov _____
- I understand that it is my responsibility to have my military and prior college/university transcripts evaluated by Clarendon College as soon as possible before certification will be processed. _____
- Students that withdraw or drop will be responsible for repaying tuition and fees either to the VA or the college. Ultimately, responsibility for the payment of tuition and fees is **YOURS**. You will not be allowed to register for any future courses until all of your financial obligations to the college for the current term are met. _____
- You are responsible for checking your bill with the institution as well as monitoring communication through email. _____
- Students receiving VA benefits or the Hazlewood Act must maintain satisfactory academic progress (SAP). _____

I understand I am responsible for the above actions. Failure to report any changes may result in an overpayment and discontinuance of my VA benefits. I allow Clarendon College to discuss my VA paperwork with other colleges/universities and/or the Department of Veteran Affairs when necessary. _____

CC ID# _____ Name: _____ Signature: _____ Date: _____

Office use only:

CC Employee initials: _____

Date Received: _____