

**LORAIN COUNTY COMMUNITY COLLEGE
ENROLLMENT SERVICES/VETERANS SERVICE CENTER**

Veterans' Responsibility Agreement

I, _____ Student ID # _____
(Print Name: First, MI, Last)

hereby acknowledge that it is my responsibility to **report immediately** to the VA Certifying Official in Enrollment Services of LCCC **any** of the following circumstances:

- _____ Withdrawal and/or add/drop from course(s).
- _____ Stop attending class.
- _____ Change of program/place of training (*fill out a 22-1995 or 22-5495 applies to Chapter 35*).
- _____ Change of address, phone number or email address.
- _____ Discrepancies in the amount of money awarded by VA and the amount expected.
- _____ Transfer credits from any other institute of higher learning or any prior credits not previously Reported **(If this information is not on record, VA regulations allow payments for one semester only)*.
- _____ ***A copy of your military transcript should be submitted to Enrollment Services for evaluation of military credits.**
- _____ I understand that I must complete a Veteran's Education Benefits Certification form (Cert Request) each semester in order to receive my VA Benefits. (**Completely filled out**)
- _____ Only classes that apply towards your degree program will be approved.
- _____ Physical Education classes will not be approved unless required by my degree program or I am a Chapter 35 (**Survivor/Dependent**) recipients.
- _____ I understand that adding a class **after** being approved does not guarantee the additional hours will be transmitted to VA without turning in a new Cert Request form and the hour/s are reviewed for Approval.

The Military Service Center of the Enrollment Services at LCCC will be closely adhering to the academic progress criteria established by the **Standards of Progress** policy as outlined in LCCC'S catalog.

The decision to terminate the MGIB due to poor academic progress will be determined by the Veterans' Affairs Certifying Team. When you bring your GPA to the required standards, you will be able to be certified.

The academic progress requirements may be found at www.lorainccc.edu/veterans .

I fully understand that failure to follow the rules listed above may result in suspension and/or termination of my benefits, and I will be liable for overpayments from the Veteran's Administration.

_____ (Student's Signature)

_____ (Date)