

# VETERANS RESPONSIBILITY FORM

## I WILL PROVIDE THE VETERANS OFFICE AT CLC WITH THE FOLLOWING INFORMATION:

1. A Veterans Data Card listing my classes each semester.
2. Any changes in enrollment status-adds, drops or withdrawals.
3. Any change in my mailing address.
4. Any change in my degree objective.  
*Note: A change of degree objective is subject to approval by the Department of Veterans Affairs.*
5. Official military and academic transcripts indicating prior credit must be sent directly to the Admissions/Records office at CLC. Failure to provide this information may result in an overpayment or termination of benefits.
6. Academic Counselor approval is required for enrollment in developmental coursework.

## I WILL NOT BE ENTITLED TO RECEIVE BENEFITS WHEN:

1. I fail to attend my classes regularly.
2. I audit a course (thus receiving no grade or college credit).
3. I enroll in a course not specifically required for completion of my degree objective.
4. I receive an Incomplete (I).
5. I repeat a course that I have already received a passing grade of A, B, C, or D.
6. I fail to maintain satisfactory academic progress at the College of Lake County.

## GENERAL INFORMATION:

1. During the semester unforeseen/mitigating circumstances may cause you to withdraw from some or all of your classes. Should this occur, please stop in the Veterans Office (B-114) to discuss your situation.
2. Veterans receiving educational benefits are required to maintain satisfactory academic progress toward their degree objective. Failure to maintain may lead to termination of your benefits. Please contact the Financial Aid Office for more details.
3. Benefits are paid from the first scheduled date of classes for the term in which the student is enrolled. If you are enrolled in a class that starts **AFTER** the first week or the term, or ends **BEFORE** the last week of the term, your **ACTUAL** enrollment dates are reported to the VA. ***Late-starting classes or classes that end before the official last day of classes will affect how your GI Bill is calculated and paid.***

## I UNDERSTAND THIS INFORMATION AND AGREE TO COMPLY:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

CLCID: \_\_\_\_\_

Date: \_\_\_\_\_

White copy to Certifying Official  
Yellow Copy to Veteran

