



Veteran Service

Statements of Rights & Responsibilities

PID: _____ **Last Name:** _____ **First Name:** _____
Certificate/Degree: _____

Please read and initial on all the following statements. If you have any questions please ask to ensure you completely understand each statement

- _____ I understand that if I am **concurrently enrolled at another institution** it is my responsibility to inform the School Certifying Official (SCO) at both institutions and provide the required documentation.
- _____ I understand the **satisfactory academic progress (SAP)** policy at Laredo College applies to all federal, state, and institutional aid.
- _____ I understand that the courses that I am requesting certification for courses **that are part of my current degree plan** and that **I am responsible for the cost of any courses that do not fall within the parameters** of my chosen degree plan.
- _____ I understand that **I must be enrolled** at Laredo College to process my certification with the Department of Veteran Affairs and/or Texas Veterans Commission.
- _____ I will notify the School Certifying Official (SCO) each semester I **register, drop classes, withdraw my enrollment, change my degree plan,** and change my address.
- _____ I understand **I am responsible for all charges** not explicitly covered by the VA or other veteran educational benefits.
- _____ I understand that I must maintain the required **standards of progress** toward the degree indicated as specified in my respective Laredo College Catalog.
- _____ I understand this agreement is valid for **3 years** from the date signed.

By signing below, I acknowledge that I have read and understand the terms of the Statement of Rights & Responsibilities.

Student Signature: _____ **Date:** _____