



LAREDO COLLEGE
EST. 1947

Website: www.laredo.edu/veterans

Email: veterans@laredo.edu

Statement of Rights & Responsibilities

Student Name: _____

Palomino ID: _____

Telephone: _____

Date of Birth: _____

Semester: Fall 20____ Wintermester 20____ Spring 20____ Maymester 20____
 SSI _____ Summer II 20_____

Please a read and initial on all the following statements. (IF ANY ITEMS ARE LEFT BLANK, THIS WILL DELAY YOUR BENEFITS IN BEING PROCESSED).

_____ I understand that if my certification is incomplete and/or missing documents my VA Educational Benefits may be further delayed.

_____ I understand that if I am concurrently enrolled at another institution it is my responsibility to inform the VA Coordinator at both institutions and provide the required documentation.

_____ I understand the satisfactory academic progress policy at Laredo College applies to all federal, state and institutional aid.

_____ I understand that the courses that i am requesting certification for 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 registered in order for the Laredo College veteran services office to process my certification with the department of veteran affairs or Hazlewood benefits.

_____ I will notify the veteran services office 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 benefits (Hazlewood).

_____ I understand that I must maintain the required standards of progress towards the degree indicated as specified in my respective Laredo College Catalog. I agree to notify the Veteran's Representative at Laredo College of any changes in my enrollment status. I understand that failure to notify the Veteran's Representative may result in overpayment from the VA Office that may result in those funds being owed back to the VA Office.

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

Student Signature

Date