

**OVR 19-C STUDENT INDIVIDUAL RESPONSIBILITIES**  
**Department of Workforce Development**  
**Office of Vocational Rehabilitation**

**Student:** \_\_\_\_\_

**Counselor:** \_\_\_\_\_

**School:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Please check after each item:**

1. I agree to apply yearly for financial aid on or shortly after January 1st. I realize that I can apply online at: [www.fafsa.ed.gov](http://www.fafsa.ed.gov). I will provide a copy of the Student Aid Report (SAR) and the FAN (Financial Aid Notification) to my VR Counselor each year. \_\_\_\_\_
2. I agree to make contact with the Office of Financial Aid at the school I plan to attend to investigate additional financial aid that may be available. \_\_\_\_\_
3. I will be a \_\_\_\_\_ student. I understand that I am expected to make significant academic progress and complete at least \_\_\_\_\_ hours per semester/quarter and have a \_\_\_\_\_ grade point average. If I need to ask for an exception to this, I agree to discuss it with my VR counselor. (See #10) \_\_\_\_\_
4. I agree to notify my Counselor prior to dropping a class or withdrawing from school. \_\_\_\_\_
5. I will be working toward a(an) \_\_\_\_\_ degree that should take no longer than \_\_\_\_\_. My anticipated completion date for my degree is \_\_\_\_\_.  
All of my classes will be accredited and required for my degree unless an exception for special circumstances is approved and listed below. (See #10) \_\_\_\_\_
6. It is my responsibility to register with the Disability Resource Center at my school. I must also advocate for myself by notifying coordinator of needed accommodations and accessing the assistance provided to me.  Required  N/A \_\_\_\_\_ (if required)
7. I agree to notify my VR counselor **in advance** if I need to request the purchase of a service. I understand that some services are based on economic need. I will discuss my needs with my VR counselor prior to the start of each term or semester. \_\_\_\_\_
8. I agree to provide my VR counselor with a copy of my semester/quarter grades and class schedule as soon as possible after the semester/quarter ends but no later than \_\_\_\_\_. I understand that this is necessary in order to continue services. I am expected to do my best, but if my grades are poor or I am put on academic probation, I will agree to discuss this situation with my VR counselor. In such situations, assistance may be suspended temporarily. \_\_\_\_\_
9. I agree to contact my VR counselor after each semester/quarter and meet with update my email/phone if they change, and contact my counselor immediately if I'm placed on academic probation or suspended. \_\_\_\_\_
10. Other Individual Requirements and/or Exceptions:  
\_\_\_\_\_

**Updated 7/2022**

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

VR counselor: \_\_\_\_\_

Address:

Phone:

Fax:

E-mail: