SAN DIFCOLOR	□ Fal	Staft Ed F Orie	A OFFICE ONLY f Initials Plan ntation Status Pg						
Student Name: (PRINT)	Last			First	MI				
SSN/VA Numbe	er:								
Major:		Has your major changed since you were last certified? 🛛 Yes 🖵 No							
Mailing Address: Street				City	State	Zip			
E-mail:		Telephone:							
VA Education Benefit Type (Transfer Entitlement:  Ves  No)									
<ul> <li>Post-9/11 Image: MGIB (Ch. 33)</li> <li>MGIB (Ch. 30)</li> </ul>			<ul> <li>Reserve (Ch. 1606/1607)</li> <li>Voc Rehab (Ch. 31)</li> </ul>			U VRAP			
LIST CLASSES HERE (Do NOT include classes you are waitlisted for) NOTE: The VA will NOT pay for online or hybrid basic skills/remedial courses.									
Course Subject (Example: HIST)	Course Number (Example: 101)	Number of Units	Is this an Online or Hybrid Course?	Class Start & End Dates	OFFICAL USE ONLY				
					Last Day of Attendance (LDA)	Meet Ed Plan Requirement?			
Counselor Signature: Date:									

- WITHDRAWAL/CHANGE OF CLASSES: I understand that as a condition of attendance in the San Diego Community College District, I am required to notify the VA Office whenever I add/drop any course that is payable by the VA Regional Office. These changes must be reported immediately.
- FEE DEFERMENT: I understand that I will be responsible for paying for any outstanding fees not covered by my VA educational benefits. I will have a hold placed on my account and will not be able to register for classes in subsequent semesters until the balance is satisfied.
- **REPEATED CLASSES:** Veterans may <u>not</u> receive benefits for a repeat of a course in which a grade of "A," "B," "C," "D," or "P" has already been earned. Although District policy allows a student to repeat a course in which a "D" grade has been received, the repeat course may only be certified for benefits if the catalog states that a grade of "C" or better in that course is required to earn a degree or meet a prerequisite.

Student Signature:

Date:

## OFFICIAL USE ONLY

Date	Name	Comment/Remarks				



## San Diego Community College District CH.33/CH. 31 Deferment Contract

CityMesa

□ Miramar

All questions must be answered before your application will be received. Please use black or blue ink and print clearly

Name:		Student ID Number:						
Last	First	MI						
Address:		City	State	Zip				
Telephone: (Home)	(Work)			·				
I will be receiving the following Military Educational Benefits:								
CH 33: Post 9/11 GI Bill CH 31: Veterans Vocational Rehabilitation Program								
Other:								
Are you a California Resident?	es 🗖 No	Semester of F	Registration: Spring 20	Fall 20				
Please read and initial to acknowledge	each of the following	statements:						
I understand that I will be responsible for paying for any outstanding enrollment fees not covered by my VA educational benefits. I will have a hold placed on my account and will not be able to register for classes in subsequent semesters until the balance is satisfied.								
I understand the college will only certify courses required under my current educational plan.								
I understand my registration fees will appear on mySDCCD portal until my balance is satisfied.								
Student Signature:			Date:					
OFFICIAL USE ONLY								
Signature of Certifying Official:		Date:						

Distribution: Original-VA Office; Copy-Accounting Office and Student

SS-DFMTCNT-VET 7/2019