



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

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

- City
Mesa
Miramar

Name: Last First MI Student ID Number:

Address: Street City State Zip

Telephone: (Home) (Work) E-mail:

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? Yes No Semester of 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: