

## Updating Adobe Acrobat Reader DC

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Step 1 of 3: Download software

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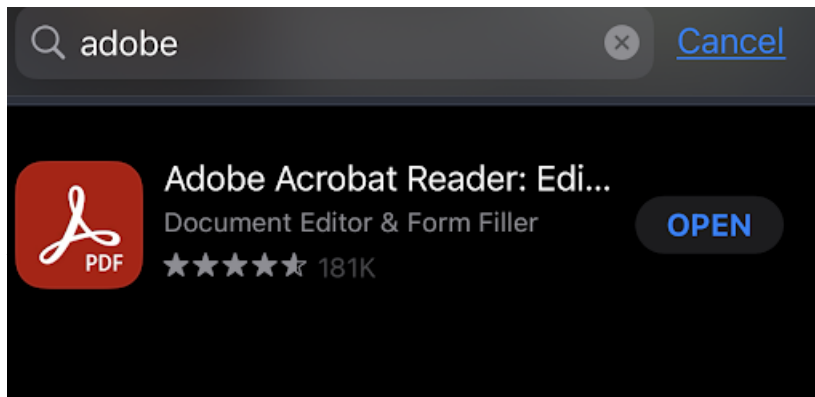
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## For mobile devices:

### Instructions for iPhone



Download the Adobe Acrobat Reader from the iPhone App Store:



Access PDF file from website- Example:

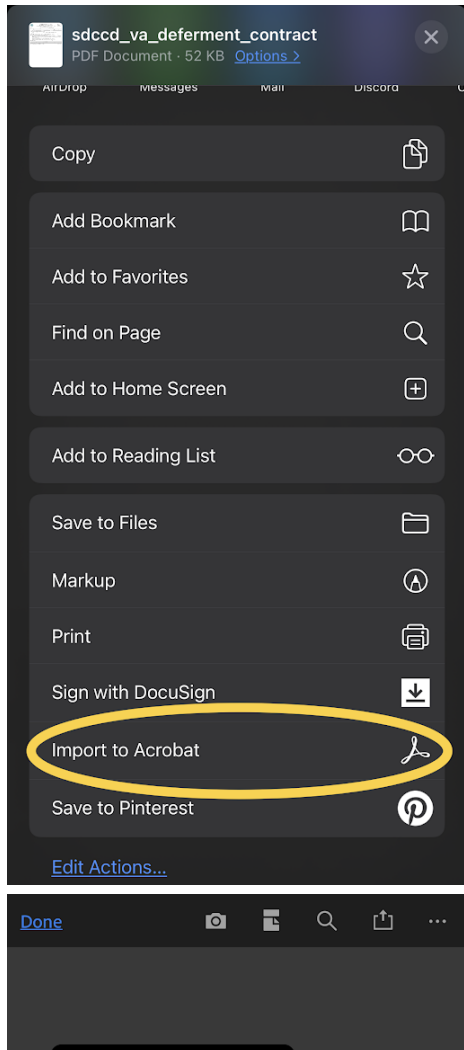
[https://sdmiramar.edu/sites/default/files/2022-01/sdccd\\_va\\_deferment\\_contract.pdf](https://sdmiramar.edu/sites/default/files/2022-01/sdccd_va_deferment_contract.pdf)

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.

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: \_\_\_\_\_  
Signature of Certifying Official: \_\_\_\_\_ OFFICIAL USE ONLY Date: \_\_\_\_\_  
Distribution: Original-VA Office, Copy-Accounting Office and Student

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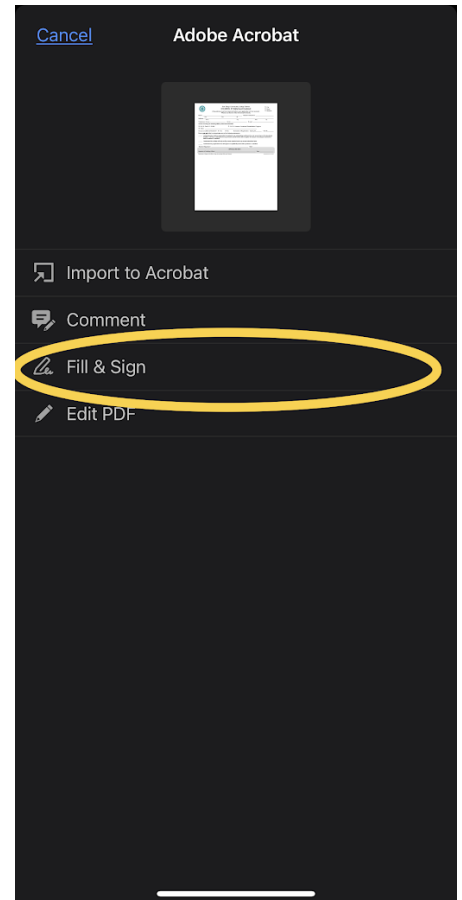
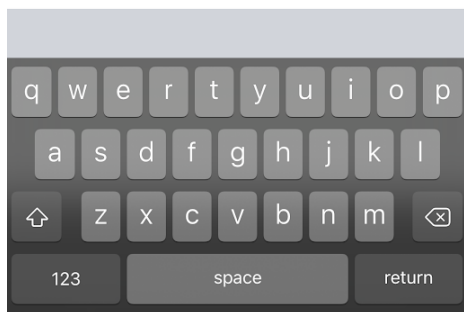
Name: Last First MI Student ID Number: \_\_\_\_\_  
Address: Street City State Zip  
Telephone: (Home) (Work) E-mail: \_\_\_\_\_  
I will be receiving the following Military Educational Benefits:  
☐ CH 33: Post 9/11 GI Bill ☐ CH 31: Veterans Vocational Rehabilitation Program  
☐ Other: \_\_\_\_\_  
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: \_\_\_\_\_  
Signature of Certifying Official: \_\_\_\_\_ OFFICIAL USE ONLY Date: \_\_\_\_\_  
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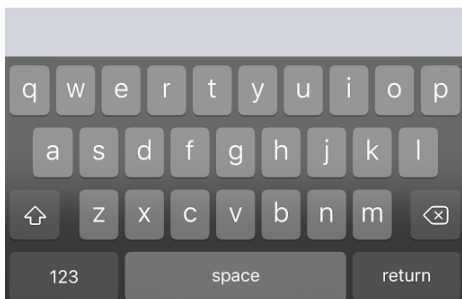
Name: Doe Last First MI Student ID Number: \_\_\_\_\_  
Address: Street City State Zip  
Telephone: (Home) (Work) E-mail: \_\_\_\_\_  
I will be receiving the following Military Educational Benefits:  
☐ CH 33: Post 9/11 GI Bill ☐ CH 31: Veterans Vocational Rehabilitation Program  
☐ Other: \_\_\_\_\_  
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: \_\_\_\_\_  
Signature of Certifying Official: \_\_\_\_\_ OFFICIAL USE ONLY Date: \_\_\_\_\_  
Distribution: Original-VA Office, Copy-Accounting Office and Student (03-09-2007 v07.1001)



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Please use black or blue ink and print clearly.

Name: Doe 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: John Doe Date: \_\_\_\_\_  
Signature of Certifying Official: \_\_\_\_\_ OFFICIAL USE ONLY Date: \_\_\_\_\_  
Distribution: Original-VA Office, Copy-Accounting Office and Student (03-09-2007 v07.1001)



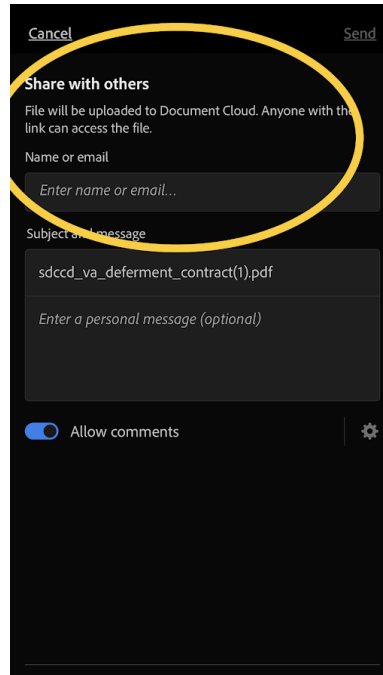
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San Diego Community College District  
CH 33324-31 Deferment Contract

All questions must be answered before your application will be received.  
Please write block on blue ink and print clearly.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Office: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
CH 333: Post #11 CA 888 CH 333: Veterans Vocational Rehabilitation Program  
CH 333: \_\_\_\_\_ CH 333: \_\_\_\_\_ CH 333: \_\_\_\_\_ CH 333: \_\_\_\_\_  
Are you a California Resident? Yes No Semester of Registration: Spring 20 Fall 20  
Please add what is unknown to each of the following statements.  
I understand that I am 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 this college will only certify courses required under my current educational plan.  
I understand my registration fees will appear on my account and my balance is satisfied.  
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Counseling Office: \_\_\_\_\_ Date: \_\_\_\_\_  
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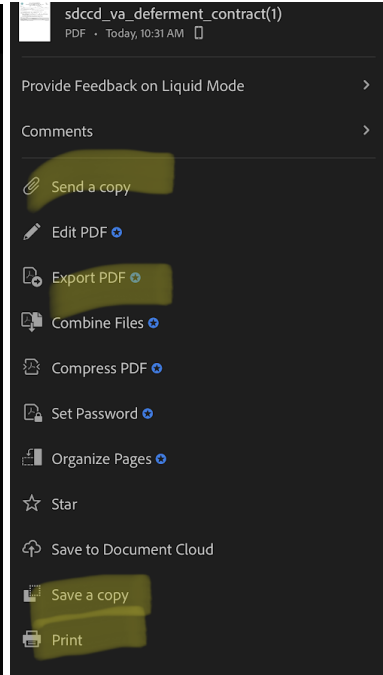
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## Instructions for Android

Download the Adobe Acrobat Reader from the Android/Google Play Store:


The screenshot shows the Google Play Store interface for the Adobe Acrobat Reader app. At the top, the search bar contains "adobe acrobat". Below the app icon (a red square with a white Adobe logo and "PDF" text), the app name "Adobe Acrobat Reader: Edit P..." is displayed, followed by the developer "Adobe" and the note "In-app purchases". A green "Open" button is visible. Below the app name, the rating "4.6 ★" with "4M reviews" is shown, along with "500M+ Downloads" and the age rating "Everyone". The main promotional area features two cards. The left card, titled "Unlock your docs.", shows a smartphone screen with an "INVOICE" document being signed with a stylus, with the text "Fill and sign PDFs, anywhere." and the Adobe logo. The right card, titled "Get a link to share files", shows a smartphone screen with a "Creating link..." dialog. At the bottom, a dark banner contains the text "Sign PDFs on the go. Effortlessly fill in, send & receive files."

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Telephone: (Home) (Work) E-mail: \_\_\_\_\_  
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Please read and initial to acknowledge each of the following statements:  
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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Certifying Official: \_\_\_\_\_ Date: \_\_\_\_\_  
Distribution: Original-VA Office, Copy-Accounting Office and Student

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Certifying Official: \_\_\_\_\_ Date: \_\_\_\_\_  
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**Please use black or blue ink and print clearly**

- ☐ City  
☐ Mesa  
☐ Miramar

Name: Mouse, Mickey Student ID Number: \_\_\_\_\_

Address: 12345 Disney Way  
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 benefits. I will use my VA educational benefits until the balance of my VA educational benefits is exhausted.  
\_\_\_\_ I understand \_\_\_\_\_  
\_\_\_\_ I understand \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

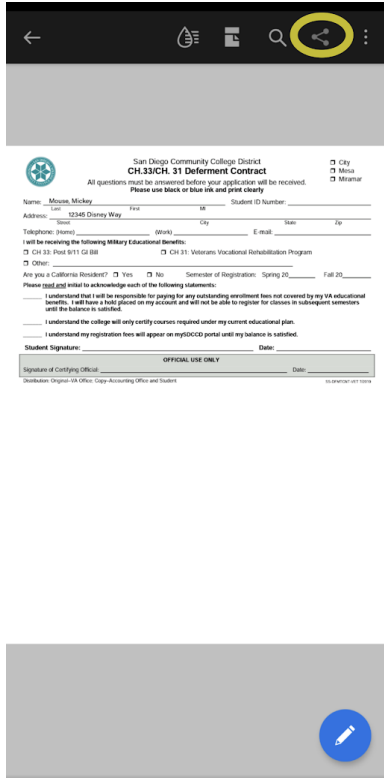
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Signature of Certifying Official: \_\_\_\_\_ Date: \_\_\_\_\_

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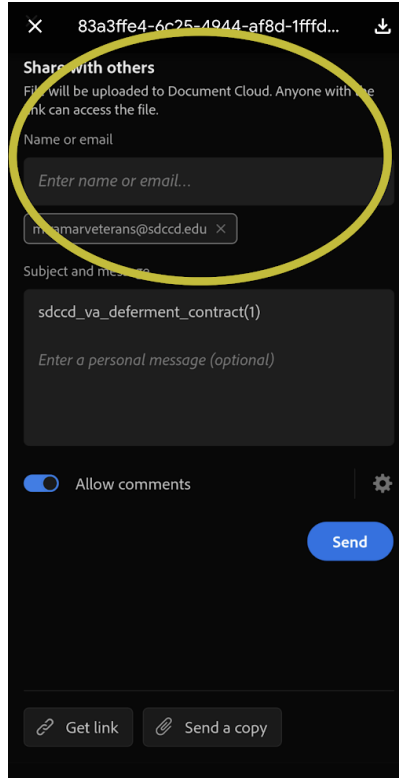


San Diego Community College District  
**CH.33/CH. 31 Deferment Contract**  
All questions must be answered before your application will be received.  
Please use black or blue ink and print clearly.

Name: Moose, Mickey ☐ City ☐ Mount  
Address: 12345 Disney Way ☐ City ☐ Mount  
Telephone: (619) 123-4567 ☐ CH 33: Post 9/11 GI Bill ☐ CH 31: Veterans Vocational Rehabilitation Program  
Are you a California Resident? ☐ Yes ☐ No Semester of Registration: Spring 20 ☐ Fall 20 ☐

Please print and sign 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: \_\_\_\_\_  
Signatures of Certifying Official: \_\_\_\_\_ OFFICIAL USE ONLY Date: \_\_\_\_\_  
Distribution: Original-VA Office, College Accounting Office and Student



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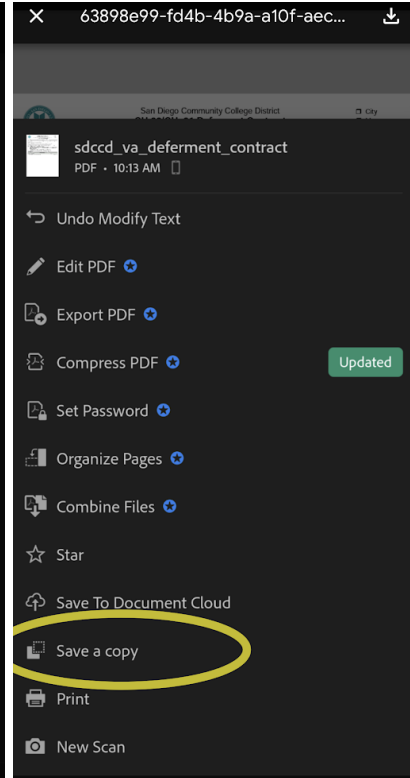
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San Diego Community College District

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