

San Diego Community College District Regional Law Enforcement Academy Worksheet

VA OFFICE ONLY	
Staff Initials	
Ed Plan	

Ed Plan _____ Date

Student Name:							
(PRINT)	Last	Fir	First				
SSN/VA Number:		nt ID Number:					
Mailing Address:							
Mailing Address: Street		Cit	City		Zip		
E-mail:	Telephone:						
Major D AS Conte	emporary Police Teo	chnologies 🛛 CERT (Contemporary Police	e Technologies			
Which Academy will	you be enrolled in? (E	Example: 121st)					
Will you be sponsore	ed by any law enforce	ement agency? 🛛 Yes	D No				
VA Education Ben	efit Type (Transfer	Entitlement: 🛛 Yes	🗖 No)				
		Reserve (Ch. 1606/1607)			Sponsor SSN:		

Module	Course Number	Number of Units	Class Start & End Dates
Ι	ADJU 260	24	

- 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:

VA EDUCATION BENEFITS FOR POLICE ACADEMY

San Diego Miramar College – Veteran Affairs 619-388-7862

Students who plan to utilize VA educational benefits for the academy will need to provide the required documentation to process VA certification. Documents will be accepted on or after the first start date of the academy.

Documents required:

- Certificate of Eligibility
- DD214 member copy #4
- Statement of Understanding
- Deferment Contract (CH.33/CH.31)

Select an Education Plan to have the correct major on file.

• Major - Police Academy: AS/CERT Contemporary Police Technologies

If you used your VA educational benefits at another institution, you must complete the Request for Change of Program or Place of Training (22-1995).

• https://www.va.gov/education/apply-for-education-benefits/application/1995/introduction

The first stipend/BAH payment is released after the first FULL month of the academy has passed.



San Diego Community College District **Statement of Understanding**

Student I		F 'act	
(PRINT)	Last	First	MI
SSN/VA Number:		Student ID Number:	
		erstanding must be completed b cknowledging the following requ	
<u>Initials</u>			
	I understand that it takes 4 to 8 weeks f	or the VA Regional Office to process	s my educational benefits.
	Payment is paid retroactive to the begin	ning of the semester.	
	I am responsible for informing the colleg usually does not pay for course repeats a "D", "F", or "NP" grade has been recei	. Although college policy allows a st	udent to repeat a course in which
	I understand that I must meet the colleg college, I am no longer eligible to receiv		ademically disqualified from the
	I understand that all official transcripts of 214 or DD-295 must be on file and eval college. Failure to submit official transc bachelor's degree, I understand that my EVALUATED.	uated by the end of the first semester ripts will delay further VA enrollment	er of attendance at my primary certifications. If I already have a
	I understand that each semester I will b continue my educational benefits.	e required to complete a "Semester	Worksheet" in order to utilize and
	I understand that I will be responsible for benefits. I will have a hold placed on my semesters until the balance is satisfied.		
	I understand that a comprehensive stud term. Once a comprehensive student e		
	I understand that it is my responsibility t Veterans Affairs Office immediately .	o report any changes (Adds/Drops/V	Vithdrawals) to the college
	 I understand that all classes taken each education plan. 	semester must apply to my major a	ccording to my computerized
	I understand that my DD-214 (with at le meet the health and PE requirements for requirements.		
	I understand that failure to enroll in the termination of benefits. The veteran an Veterans Benefits.		
	I understand that I will get paid for the d sessions only pay for that specific term		
	 I understand that I cannot count the unit towards my education benefits. 	ts of SELF-PACED CLASSES or ON	ILINE REMEDIAL COURSES
	I understand that if I fail to report enrollr class), this could result in delays, overp		
	I understand that overpayment is my reactive the DVA may deduct the funds from AN		
	_ I acknowledge that I have received Stud	lent Veterans Handbook.	

Student Signature:

Date:



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