



San Diego Community College District
**Detentions & Court Services
 Training Academy**

VA OFFICE ONLY	
Staff Initials _____	
Ed Plan _____	
Date _____	

Student Name: _____
 (PRINT) Last First MI

SSN/VA Number: _____ Student ID Number: _____

Mailing Address: _____
 Street City State Zip

E-mail: _____ Telephone: _____

Major AS Correctional Technologies CERT Correctional Technologies

Which Academy will you be enrolled in? (Example: 121st) _____

Will you be sponsored by any law enforcement agency? Yes No

VA Education Benefit Type (Transfer Entitlement: Yes No)

Post-9/11 (Ch. 33) MGIB (Ch. 30) Reserve (Ch. 1606/1607) Voc Rehab (Ch. 31) DEA (Ch. 35) Sponsor SSN: _____

Course Number	Number of Units	Class Start & End Dates
ADJU 323A	11.5	

- **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 not 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: _____

VA EDUCATION BENEFITS FOR DETENTIONS 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 Correctional 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 Name: _____
(PRINT) Last First MI

SSN/VA Number: _____ Student ID Number: _____

A Statement of Understanding must be completed by each Veteran or Dependent acknowledging the following requirements:

Initials

- _____ I understand that it takes 4 to 8 weeks for the VA Regional Office to process my educational benefits.
Payment is paid retroactive to the beginning of the semester.
- _____ I am responsible for informing the college Veterans Affairs Office if I attempt to repeat a class. The DVA usually does not pay for course repeats. Although college policy allows a student to repeat a course in which a "D", "F", or "NP" grade has been received, the course may not be payable by the DVA.
- _____ I understand that I must meet the college standards of progress. If I am academically disqualified from the college, I am no longer eligible to receive VA benefits.
- _____ I understand that all official transcripts of prior college work and military schools, including copies of form DD-214 or DD-295 must be on file and evaluated by the end of the first semester of attendance at my primary college. Failure to submit official transcripts will delay further VA enrollment certifications. If I already have a bachelor's degree, I understand that my enrollment certification will not be submitted until all transcripts are **EVALUATED**.
- _____ I understand that each semester I will be required to complete a "Semester Worksheet" in order to utilize and continue my educational benefits.
- _____ 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.
- _____ I understand that a comprehensive student education plan must be on file prior to certification of the second term. Once a comprehensive student education plan is completed, prior credit will be noted.
- _____ I understand that it is my responsibility to report any changes (Adds/Drops/Withdrawals) to the college Veterans Affairs Office **immediately**.
- _____ I understand that all classes taken each semester must apply to my major according to my computerized education plan.
- _____ I understand that my DD-214 (with at least six months of active duty service and an honorable discharge) will meet the health and PE requirements for the AA/AS degree and CSU Area E General Education requirements.
- _____ I understand that failure to enroll in the proper classes may result in an overpayment and the reduction or termination of benefits. The veteran and/or dependent assume **FULL** responsibility for any overpayment of Veterans Benefits.
- _____ I understand that I will get paid for the dates I actually attend class (For example, 8 and 5 week short-term sessions only pay for that specific term and are not counted towards a full 16-week semester).
- _____ I understand that I cannot count the units of SELF-PACED CLASSES or ONLINE REMEDIAL COURSES towards my education benefits.
- _____ I understand that if I fail to report enrollment changes (dropping a class, adding a class, stop attending a class), this could result in delays, overpayments, or termination of my DVA Education Benefits.
- _____ I understand that overpayment is my responsibility and I will owe money to the Department of Veterans Affairs. The DVA may deduct the funds from ANY Federal payments (retirement, taxes, disability, etc.).
- _____ I acknowledge that I have received Student Veterans Handbook.

Student Signature: _____ Date: _____



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

- City
- Mesa
- 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

Birthdate: _____ E-mail: _____

Address: _____
Street City State Zip

Telephone: Work Home Cell _____ Work Home Cell _____

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_____ Summer 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: _____