

San Diego Community College District

Semester Worksheet

☐ Fall ☐ Spring ☐ Summer Year: _____ ☐ City ☐ Mesa ☐ Miramar

(Indicate Primary Campus)

VA OFFICE UNLT
Ota# Initials
Stair initials
Ed Plan
Orientation
Vet.Status Pg
Staff Initials Ed Plan Orientation

Student Name:							
(PRINT)	Last			First			MI
SSN/VA Number:			Student ID Number:				
Major:			_ Has your ma	ajor changed since	e you	were last certified?	☐ Yes ☐ No
Mailing Address	Street			City			
	Street			City		State	Zip
E-mail:				Telephone:			
VA Education	Benefit Type (Tr	ansfer Entitl	ement: 🔲 Yes	s 🛭 No)			
□ Post-9/11 □ MGIB (Ch. 33) (Ch. 30)				□ VR&E (Ch. 31)			
	NOTE : The VA	(Do NOT in	ay for online o	ES HERE you are waitlisted r hybrid basic skill			
Course	Course Number (Example: 101)	Number Online or of Units Hybrid Course?	Is this an			OFFICIAL	USE ONLY
Subject Example: HIST)			Class Start & End Dates		Last Day of Attendance (LDA)	Meet Ed Plan Requirement?	

- 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:	D	Date:	
•	_		

Counselor Signature:

OFFICIAL USE ONLY

Date	Name	Comment/Remarks



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

lame:		Student	ID Number:	
Last	First	MI		
Birthdate:	E-ma	iil:		
Address:				
Address:Street		City	State	Zip
elephone: ☐ Work ☐ Home ☐ Cell		□ Work □ Hom	ne 🗆 Cell	
I will be receiving the following Milita			1 127 C B	
☐ CH 33: Post 9/11 GI Bill		CH 31: Veterans Vocational R	enabilitation Program	
☐ Other:				
Are you a California Resident?	☐ Yes	□ No		
Semester of Registration: Sprin	g 20	Summer 20	Fall 20	
I understand that I will be respondential to acknowledge of the second second respondent to the second second respondential the balance is satisfied. I understand the college will on	onsible for paying ed on my accou	g for any outstanding enrollme nt and will not be able to regis	ter for classes in subseq	
i understand the college will or	lly certify course	s required under my current e	ducational plan.	
I understand my registration fe	es will appear on	n mySDCCD portal until my bal	ance is satisfied.	
Student Signature:			Date:	
		OFFICIAL USE ONLY		
Signature of Certifying Official:			Date:	
orginature or Gertifying Official.			Date	

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

SS-DFMTCNT-VET 05/2023