



SANTA MONICA COLLEGE VETERANS PROGRAM

CERTIFICATION AGREEMENT

Please check applicable status/term: VETERAN DEPENDENT WINTER/SPRING SUMMER/FALL

LAST:		FIRST:		MIDDLE:		SMC STUDENT I.D. #:		PHONE NUMBER:	
ADDRESS:			CITY:			STATE:	ZIP CODE:	E-MAIL:	
SSN #:		VA CLAIM:		SUFFIX #:	FIRST TERM/YR ATTENDED SMC:		UNITS COMPLETED:		UNITS IN PROGRESS:
SMC EDUCATIONAL GOAL: <input type="checkbox"/> Cert _____ <input type="checkbox"/> AA/AS _____ <input type="checkbox"/> Transfer BA/BS				MAJOR (AREA OF EMPHASIS):			TRANSFER SCHOOL:		
NAME OF ALL SCHOOL(S) ATTENDED OTHER THAN SMC: <i>LIST BELOW</i>				UNITS COMPLETED		DEGREE EARNED		TRANSCRIPTS ON FILE	

Please check benefit eligibility/branch of service (funding under the G.I. Bill or other V.A. approved program):

- CHAPTER 30 CHAPTER 31 CHAPTER 35 CHAPTER 1606 CHAPTER 1607 VRAP CHAPTER 33/D (Post 9/11 GI BILL)
- ARMY MARINE CORPS NAVY AIR FORCE COAST GUARD OTHER _____

VA BENEFITS/COURSES REQUESTED: *LIST BELOW*

SEMESTER/YR	COURSES	UNITS	SEMESTER/YR	COURSES	UNITS
TOTALS			TOTALS		

Read and Initial (by initialing below, I agree to the following):

I understand it is my responsibility to submit documentation for benefits to the Santa Monica College Veterans Resource Center.

*I understand it is my responsibility to complete this form **EVERY** term, with my original signature, if I want to receive benefits after registering for classes.*

I understand that the VA will only pay for courses that are required for my degree.

I understand that I will be financially liable for payment of tuition and fees not covered by the VA.

I understand that I am liable for any overpayment, discrepancies or delays in receipt of my benefits.

I am not repeating any course for which I have received college credit ('D' grade or better)

I understand that I am responsible for notifying the Santa Monica College Veterans Resource Center within three school days of any change in my class schedule (adding or dropping).

The information I provided on this form is true and correct:

STUDENT'S SIGNATURE:	DATE:

OFFICE USE ONLY

APPROVED BY:	TERM/UNITS:	BOG WAIVER DATE:	TUITION AND FEES:	VETERANS DATA/ISIS DATE:	CONTRACT/ISIS DATE <u>CH 33/31 ONLY</u> :
APPROVED BY:	TERM/UNITS:	BOG WAIVER DATE:	TUITION AND FEES:	CHAPTER 33: %	VA SUBMITTED DATE: