



**SANTA MONICA COLLEGE  
VETERANS PROGRAM**

**AGREEMENT CHANGE**

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

LAST	FIRST	MIDDLE	STUDENT I.D. #	SSN #	PHONE NUMBER
<b>ADD</b>					
<b>SEMESTER COURSES</b>			<b>UNITS</b>		
<b>TOTALS</b>			<b>TOTALS</b>		
<b>SEMESTER COURSES</b>			<b>UNITS</b>		
<b>TOTALS</b>			<b>TOTALS</b>		

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

- 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)

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

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**OFFICE USE ONLY**

CHAPTER 33. %	ISIS CONTRACT CHANGE.	AGREEMENT CHANGE: (FROM/TO)	TUITION AND FEES CHANGE.	VA EFFECTIVE DATE.	VA SUBMITTED DATE.
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