



# 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:
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**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: