



OFFICE OF VETERANS SERVICES DECLARATION OF ENROLLMENT



Yuba College Clear Lake ★ 15880 Dam Road Extension ★ Clearlake, CA 95422 ★ (530) 741-6822
 Woodland Community College ★ 2300 E. Gibson Road ★ Woodland, CA 95776 ★ (530) 661-5704
 Yuba College ★ 2088 North Beale Road ★ Marysville, CA 95901 ★ (530) 741-6822

(This form **MUST** be completed each semester to ensure proper certification)

(PRINT LEGIBLY!)

Name:	Student ID #:
<div style="display: flex; justify-content: space-between;"> First Middle Last </div>	

SSN:	VA File #:
(Veteran's SSN, used for DEPENDENTS using CH 35 VETERAN'S benefits)	

Phone #:	E-Mail:
Alternate phone #:	Alternate E-mail:

Address:			
Street Number and Street	City	State	Zip code

VA Education Benefit Chapter

(Check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> CH 30 (MGIB) | <input type="checkbox"/> CH 31 (Vocational Rehab) | <input type="checkbox"/> CH 33 (Post-911 GI Bill) _____ % |
| <input type="checkbox"/> CH 33T (Post-911 GI Bill, Transfer of Eligibility) | <input type="checkbox"/> CH 35 (Dependent) | |
| <input type="checkbox"/> CH 1606 (Reservists/Guard) | <input type="checkbox"/> CH 1607 (Activated Res/Guard) | |

Are you currently serving on active duty? YES NO TERM LV

Did you apply for FAFSA? YES NO WILL APPLY

Have you been granted a BOG-Fee waiver? YES NO

Educational Objective

- AA/AS Certificate Transfer

Major: _____

Semester

Fall Spring Summer Year: _____

Course name and number <small>(i.e. ENGL-1A, MATH 52)</small>	Units	Start Date	End Date	Official Use Only <small>(Verified By)</small>

YOU MUST COMPLETE THE REVERSE SIDE IN ORDER TO RECEIVE BENEFITS!

Statements of Understanding

(Please read the following statements and **initial** in the space provided.)

Initial

- _____ I understand that I have met or will meet with a counselor to ensure compliance with my educational objective. A VA Education Plan must be on file prior to Certification of VA benefits.
- _____ I understand that **I must submit a Declaration of Enrollment every semester** and that it may take 4 to 8 weeks for the VA regional Office to process my claim for educational benefits.
- _____ I understand that the VA ***does not pay*** for recommended courses, challenged courses, any class that I have not met prerequisite requirements for, or any class that is not part of my education plan. Failure to take proper courses will result in an overpayment and the reduction, or possible termination of benefits. Veterans and Dependents will assume full liability for any overpayment of veterans' benefits.
- _____ I have provided, or will provide official transcripts within this semester to the Admissions and Records Office for all the colleges I have attended. (This includes military training ((JST)) and the DD-214). **Failure to submit official transcripts/DD-214 will cause a delay in benefits.**
- _____ I will promptly notify the Veterans Service Office of any classes that I add, drop, or stop attending during the semester. **Failure to do so may result in overpayment, where I may responsible for the consequent payment to the VA.**
- _____ I will notify the Veterans Service Office of any changes to my personal data, such as a name, address, phone, or email change.
- _____ If the condition this term's certification is based on my application for benefits, I understand that I must turn in my certificate of eligibility immediately upon receipt. **Without the certificate of eligibility, I understand that I may not be certified for subsequent semesters.**
- _____ In order to receive VA benefits, to include "priority registration" I must maintain Satisfactory Academic Progress. This means maintaining at least a 2.0 GPA. Unsatisfactory progress will be reported to the VA after GRADES are posted.
- _____ I understand that non-standard terms are certified individually (classes that do not meet for the full length semester, such as the 9 week classes at Beale AFB) and affect the number of units I am pursuing in the VA system.
- _____ Chapter(s) 30, 1606 and 1607 must verify their attendance on the last day of each month by calling; (877) 823-2378 or electronically at <https://www.gibill.va.gov/wave/index.do>.
- _____ I understand that by signing this form, I authorize the release of any and all information concerning my VA benefits, class schedule, and grade reports (transcripts) to all Yuba College Veterans Office Staff, VA Personnel and relative offices.

I hereby certify that all statements are true and complete to the best of my knowledge.

Signature

Date