



San Diego Community College District Statement of Understanding

Student Name: _____
(PRINT) Last First MI

SSN/VA Number: _____ Student ID Number: _____

A Statement of Understanding must be completed by each Veteran or Dependent acknowledging the following requirements:

Initials

- _____ I understand that it takes 4 to 8 weeks for the VA Regional Office to process my educational benefits.
Payment is paid retroactive to the beginning of the semester.
- _____ I am responsible for informing the college Veterans Affairs Office if I attempt to repeat a class. The DVA usually does not pay for course repeats. Although college policy allows a student to repeat a course in which a "D", "F", or "NP" grade has been received, the course may not be payable by the DVA.
- _____ I understand that I must meet the college standards of progress. If I am academically disqualified from the college, I am no longer eligible to receive VA benefits.
- _____ I understand that all official transcripts of prior college work and military schools, including copies of form DD-214 or DD-295 must be on file and evaluated by the end of the first semester of attendance at my primary college. Failure to submit official transcripts will delay further VA enrollment certifications. If I already have a bachelor's degree, I understand that my enrollment certification will not be submitted until all transcripts are **EVALUATED**.
- _____ I understand that each semester I will be required to complete a "Semester Worksheet" in order to utilize and continue my educational benefits.
- _____ 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.
- _____ I understand that a comprehensive student education plan must be on file prior to certification of the second term. Once a comprehensive student education plan is completed, prior credit will be noted.
- _____ I understand that it is my responsibility to report any changes (Adds/Drops/Withdrawals) to the college Veterans Affairs Office **immediately**.
- _____ I understand that all classes taken each semester must apply to my major according to my computerized education plan.
- _____ I understand that my DD-214 (with at least six months of active duty service and an honorable discharge) will meet the health and PE requirements for the AA/AS degree and CSU Area E General Education requirements.
- _____ I understand that failure to enroll in the proper classes may result in an overpayment and the reduction or termination of benefits. The veteran and/or dependent assume **FULL** responsibility for any overpayment of Veterans Benefits.
- _____ I understand that I will get paid for the dates I actually attend class (For example, 8 and 5 week short-term sessions only pay for that specific term and are not counted towards a full 16-week semester).
- _____ I understand that I cannot count the units of SELF-PACED CLASSES or ONLINE REMEDIAL COURSES towards my education benefits.
- _____ I understand that if I fail to report enrollment changes (dropping a class, adding a class, stop attending a class), this could result in delays, overpayments, or termination of my DVA Education Benefits.
- _____ I understand that overpayment is my responsibility and I will owe money to the Department of Veterans Affairs. The DVA may deduct the funds from ANY Federal payments (retirement, taxes, disability, etc.).
- _____ I acknowledge that I have received Student Veterans Handbook.

Student Signature: _____ Date: _____