



# 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/PARENT SS#:		DEPENDENT DOB:	SUFFIX #:	PARENT/SPONSOR FIRST NAME:		PARENT/SPONSOR LAST NAME :	
FIRST TERM/YR ATTENDED SMC:		UNITS COMPLETED:		UNITS IN PROGRESS:		TRANSFER SCHOOL:			
SMC EDUCATIONAL GOAL: <input type="checkbox"/> Cert <input type="checkbox"/> AA/AS <input type="checkbox"/> Transfer BA/BS					MAJOR/PROGRAM ( <i>AREA OF EMPHASIS</i> )				
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 Success 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 Success 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: