



Enrollment Status Form – Semester _____ 20_____

Office of Veterans Affairs 4000 Suisun Valley Road, Fairfield CA, 94534-3197
Office: (707) 864-7105 Fax: (707) 864-7220

NAME: _____ SCCID # _____

LAST FOUR # OF SSN: _____ ADDRESS CHANGE: Y / N

ADDRESS: _____, _____, ZIP _____

PHONE (_____) _____ Email: _____

VETERANS BENEFIT PROGRAMS:

- CHAPTER 30- G.I. BILL, CHAPTER 35- DEPENDENT (circle one) Spouse/Child, CHAPTER 31- VOC. REHAB., CHAPTER 1606- RESERVIST, CHAPTER 32- VEAP, CHAPTER 1607- 9/11 RESERVIST

LIST THE CLASSES YOU ARE OFFICIALLY REGISTERED IN BELOW:

Table with 3 columns: SEMESTER COURSES (EXAMPLE: Engl 1), #UNITS, VARIABLE Y/N. Includes five rows of blank lines for entry.

READ AND INITIAL:

I understand that I am required to have an Education Plan written by the VA Counselor prior to enrolling in my third semester of using my Education Benefits. A failure to do so will result in an interruption in my Education Benefits.

I understand that I am required and that it is my responsibility to have any and all Transcripts sent to Solano Community College, Admissions and Records prior to my third semester of using my Education Benefits. A failure to do so will result in an interruption in my Education Benefits.

I understand that I am required to inform the Solano Community College, Office of Veterans Affairs of any and all changes to my schedule during the Semester. A failure to do so may result in an overpayment on my part, which would result in a debt with the US Department of Veterans Affairs.

I understand that if I am receiving Chapter 30 or Chapter 1606 or 1607 Benefits, I am required to verify my enrollment at the end of each month. A failure to do so will result in an interruption in my benefits. (Verification of Enrollment Information: 1-877-823-2378 or https://www.gibill.va.gov/wave/default.cfm).

I certify that:

- The information on this form is correct, that I am legally enrolled in the above courses
- I am not repeating any course for which I have previously received credit.
- All information provided is current and correct.

SIGNATURE _____

DATE _____