



Enrollment Status Form

Veterans Resource Center

Building 2700, Room 2750

4000 Suisun Valley Road

Fairfield, CA 94534

Office: (707) 864-7105 - Fax: (707) 646-2092

E-mail: veterans@solano.edu Website: <https://solano.edu/centers/veterans-resource-center/>

MONTHLY ENROLLMENT VERIFICATION REQUIREMENT

Chapter 30, 33, 35, and 1606 Beneficiaries are required to verify their enrollment hasn't changed at the end of the month to receive your monthly stipend.

1. Call the VA monthly at 1-888-442-4551
2. Call the VA once and opt into automated monthly **text message** or **e-mail** verification
3. Online Options:
 - A. **Chapter 33– Post 9/11 GI Bill®**
<https://www.va.gov/education/verify-school-enrollment/enrollment-verifications/>
 - B. **Chapter 30 & Chapter 1606—Montgomery GI Bill® & Selected Reserve**
<https://www.va.gov/education/verify-school-enrollment/mgib-enrollments/>
 - C. AskVA
<https://ask.va.gov/>

Chapter 35—Dependents Educational Assistance beneficiaries can only verify enrollment through phone, automated e-mail, or AskVA.

1. Call the VA at 1-888-442-4551 to opt into automated e-mail verification.
2. Upload VA Form 22-8979 to AskVA
<https://www.va.gov/find-forms/about-form-va-form-22-8979/>

Failure to verify your enrollment could result in the VA withholding your monthly stipend until you contact them.

CH33 and CH31 IN-PERSON CLASS REQUIREMENT

CH33 and CH31 Students are **REQUIRED** to enroll in **ONE** in-person course to receive the full in-person **housing stipend**. Eligibility for the in-person housing stipend only lasts for the duration of the in-person class.



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Please include a schedule and account detail by term with your submission. Your paperwork will not be processed if they aren't included.

Full Name:			Last 4 SSN:		Student ID:	
Term to be certified: <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____						
Benefit: <input type="checkbox"/> CH30 <input type="checkbox"/> CH31 <input type="checkbox"/> CH33 Veteran <input type="checkbox"/> CH33 Dependent <input type="checkbox"/> CH35 <input type="checkbox"/> CH1606 <input type="checkbox"/> Fry Scholarship						
Are you utilizing Solano College ASC (Accessibility Services Center)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has your contact information changed recently (If Yes, update below)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Address:			City:		State:	Zip:
Phone:			Email:			
Course(s) Added Ex: ENGL 001	Units	Office Use	Course(s) Dropped Ex: ENGL 001	Units	Today's Date	Office Use
Total Units:			Total Units:			

Read, understand, and Initial Each Line to agree:

- _____ I authorize any staff member in the Solano Community College, Veterans Resource Center to discuss my case with any US Department of Veterans Affairs Representative.
- _____ I authorize Solano Community College to **request my official Joint Service Transcripts** on my behalf.
- _____ I authorize Solano Community College to **upload my official Joint Service Transcripts** to the California Community College's MAP Database to determine if my military credit articulates into major and/or GE course credit.
- _____ I understand that I am required to have an **Education Plan** written by a VA-approved counselor prior to being certified.
- _____ I understand that I am required to complete an Enrollment Status Form with the Veterans Resource Center **each semester in order to continue my Education Benefits**. A failure to do so will result in an interruption in my Education Benefits.
- _____ I understand that I will only be certified for classes that are on my VA-approved Education Plan and will not be paid for non-approved classes.
- _____ I understand that I am required to inform the Veterans Resource Center of **all changes** to my schedule. A failure to do so may result in an overpayment on my part which will result in a debt to the US Department of Veterans Affairs.
- _____ I understand that I am required to have all **Official Transcripts** sent to Solano Community College **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 submit a copy of my **Certificate of Eligibility** for my education benefit within **one semester** of using my Education benefits. A failure to do so will result in an interruption in my Education Benefits.
- _____ I understand if I **drop any course(s)** that change my rate of pursuit, I will be required to pay a portion or all of my MHA or Monthly Stipend effective the first day of the semester to the VA.
- _____ I understand that I am required to **contact the Regional VA Education Office** at the end of every month to verify my enrollment. A failure to do so will result in an interruption of my benefits.

I understand that by signing this form I am acknowledging that I have read all information thoroughly and understand what information has been provided to me. I certify that: I am legally enrolled in the above courses, I am not repeating any course for which I have previously received credit, and all information provided is current and correct.

SIGNATURE _____

DATE _____