

COURSE WITHDRAW POLICY

Prior to withdrawing from any of your courses, please contact the Veterans Resource Center to ask how the withdraw will **impact you financially.**

CHAPTER 33 – POST 9/11 GI BILL (CH33) RECIPIENTS

MONTHLY ENROLLMENT VERIFICATION REQUIREMENT

All CH33 recipients are **REQUIRED** to verify their enrollment through the VA at the end of every month to receive your monthly housing allowance.

You can call them at the end of every month, or you can opt into text message verification. To call them and to opt into text message verifications you will need to contact the Muskogee VA Regional Office at 1-888-442-4551.

Failure to verify your enrollment 2 months in a row will result in the VA withholding your monthly housing allowance until you contact them.

For more information on the requirement to verify your enrollment at the end of every month please visit the VA's website at:

https://benefits.va.gov/gibill/isaksonroe/verification_of_enrollment.asp

IN-PERSON CLASS REQUIREMENT

CH33 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.



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: www.solano.edu/veterans

If you do not submit a schedule/bill with your Enrollment Status Form, your paperwork will not be processed.
Obtain from: <http://my.solano.edu> -> Student Tab (Left Side) -> Registration Box -> View/Print Schedule and Bill

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|---|--------------|-------------------|--|--------------|---------------------|-------------------|
| 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 |
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| | | | | | | |
| Total Units: | | | Total Units: | | | |

Read, understand, and Initial Each Line to agree:

_____ I understand that if I am receiving Chapter 33 benefits, I am required to contact the regional VA Education Office at 1-888-442-4551 at the end of every month to verify my enrollment. A failure to do so will result in an interruption in my benefits.

_____ 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 have any and 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 it is my responsibility 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 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 if I am receiving Chapter 30 or Chapter 1606 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. Contact: 1-877-823-2378 or www.gibill.va.gov/wave

_____ 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 understand that I am required to submit a copy of my Certificate of Eligibility for my education benefit within one semester of utilizing the benefit. A failure to do so may result in an interruption in my Education Benefits.

_____ I understand if I drop any course(s) that changes 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 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 _____