



Chapter 30, 31, 33, & 1606 New Student Checklist

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

Solano Community College (SCC) To-Do List

- Complete Application for Admission/Readmission <https://welcome.solano.edu/ar-apply/>.
 - **New Students:** Your SCC Student ID #, Username, and Password will be e-mailed to you within 30 min – 24 hours.
 - **Returning Students:** If you have previously applied for admission and did not attend for 1 or more semesters, you will need to apply for readmission.
- Submit **UNOFFICIAL** transcripts from all previous colleges. This includes Community College of the Air Force if you were in the Air Force or Joint Service Transcripts if you were any other branch.
 - You have two semesters to submit **OFFICIAL** transcripts to the school before we cannot certify your enrollment to the VA anymore.
 - Joint Service Transcripts: <https://jst.doded.mil/>
 - CCAF Transcripts: <https://www.airuniversity.af.edu/Registrar/Transcript-Requests/>
- Schedule an appointment with the SCC Veterans Resource Center to go over the paperwork & schedule appointment with VA trained education plan counselor.
- Complete the New Student Online Orientation at <http://www.solano.edu/orientation/>
- Apply for Financial Aid <https://studentaid.gov/>

SCC Veterans Center To-Do List

- Verification of Entitlement:
 - **Never used the benefit:** Certificate of Eligibility – OR – fill out the application, VA Form 22-1990, on VA.gov: <https://www.va.gov/education/apply-for-benefits-form-22-1990/introduction> **SAVE/PRINT/TAKE A SCREENSHOT** of the confirmation page, and provide us with a copy.
 - You have one semester to submit a Certificate of Eligibility to the school before we cannot certify your enrollment to the VA anymore.
 - **Previously used the benefit:** Certificate of Eligibility is **REQUIRED**.
 - You might be able to get a copy of your Certificate of Eligibility on VA.gov <https://www.va.gov/education/check-post-9-11-gi-bill-benefits/> or by calling 1-888-442-4551.
- Sign or acknowledge receipt of VA Education Plan after it has been reviewed and e-mailed to you.
 - Only Register for classes based on VA Education Plan.
- DD214 member copy 4, copy 2, or copy 7.
- Schedule and Bill from <http://my.solano.edu> -> Student Tab -> Registration Box -> View/Print Schedule and Bill.
- Fill out all the forms included in the **Chapter 30, 31, 33, & 1606 New Student Packet**.
 - We can only accept electronically completed PDF's or PDF scans of the packet, NO PICTURES.

Registration Tools:

- Course Search Tool: https://ssb.solano.edu/PROD/syk_class_finder.p_basic_search
- MySolano Portal: <http://my.solano.edu>
- Video on searching for/adding classes: <https://welcome.solano.edu/vrc-video-resources/>
- Veterans Resource Center Forms: <https://welcome.solano.edu/vrc-forms/>



VA Isakson and Roe Section 1018 (Shopping Sheet/College Financing Plan)

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Section 1018 of Public Law 116-315, [Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020](#), requires educational institutions to make certain disclosures to students using federal military and/or VA education benefits. To ensure compliance with the law, we have developed the Shopping Sheet Information for Student Veterans/Veteran's Dependents.

Cost of attendance (Estimated cost of courses including tuition, fees, books, supplies, living and other additional costs)

Information is available on the Solano Community College Financial Aid - Cost of Attendance webpage

<https://welcome.solano.edu/fa-cost-of-attendance/>

Please note that your final cost depends on you receiving VA benefits to cover for tuition and fees, books/supplies, and housing allowance; any aid to cover for the cost; taking extra courses such as prerequisites; retaking a failed course; changing your program of study which requires more or less credits, change in cost of living; a change in tuition/fees as approved by State Legislature, etc.

Amounts covered by VA Benefits

- VA GI Bill® Comparison tool <https://www.va.gov/education/gi-bill-comparison-tool/>
- VA Payment Rates https://www.benefits.va.gov/gibill/resources/benefits_resources/rate_tables.asp
- Book Stipend, Monthly Housing Allowance and Monthly Stipend based on benefit and enrollment pursuit rate <https://welcome.solano.edu/vrc-pay-rates/>

Types of Federal financial aid offered by the institution, that the student may be qualified to receive

Options are available on the Solano Community College Financial Aid website under the Programs Available tab

<https://welcome.solano.edu/fa-home/>

Estimated Student Loan Debt, College Scorecard and Graduation Rates

Information on Student Loans is on the Solano Community College Financial Aid website

<https://welcome.solano.edu/fa-direct-loans/>

Solano Community College - College Scorecard with Student Loan information & Graduation Rates and additional information is available on the US Department of Education College Scorecard website

<https://collegescorecard.ed.gov/school/?123563-Solano-Community-College>

Job Placement Rate

Information is available on the California Community College website

<https://www.calpassplus.org/Launchboard/SWP.aspx>

Solano Community College School Policy on accepting transfer credit and military credit

Incoming transcript information is located on the Admissions and Records website

<https://welcome.solano.edu/ar-incoming-transcripts/>

Military Credit information is located on the Veterans Resource Center webpage

<https://welcome.solano.edu/vrc-veterans-and-active-duty-scc-policies/>

Additional Information

In-state Tuition – Students actively using Montgomery GI Bill®–Active-Duty program (Chapter 30), Veterans Readiness and Employment program (formerly called Vocational Rehabilitation and Employment) (Chapter 31), Post-9/11 GI Bill® program (Chapter 33) and Dependents Educational Assistance (Chapter 35) are exempt from paying nonresident tuition regardless of when the veteran separated from the military. Please by filling out the Isakson and Roe Out of State Tuition Waiver <https://welcome.solano.edu/vrc-forms/>

VA Monthly Enrollment Verification – Information is available on <https://welcome.solano.edu/vrc-verify-enrollment/>

Certification of Enrollment to the VA - Certification for VA Education Benefits each semester is not automatic. Students who wish to receive the benefit must complete the paperwork with the SCO and must submit the Enrollment Status Form and Schedule/Bill every semester after signing up for your classes in order to continue receiving benefits and to prevent delays in payment of benefits. Enrollment Status Form and Schedule/Bill information is located on the Veterans Resource Center webpage <https://welcome.solano.edu/vrc-forms/>

All new students are required to go through the New Student process. New students can call 707-864-7105 or email (veterans@solano.edu) the Veterans Resource Center to schedule a New Student appointment to start the process. New Student Packets are located on the Veterans Resource Center webpage <https://welcome.solano.edu/vrc-forms/>.

Absence due to Military Service - A student who is an active duty or reservist of the United States military, and who receive orders compelling a withdrawal from courses, should submit the General Student Withdraw Petition, to the Admissions and Records Office, requesting a Military Withdrawal (MW), with proof of such orders to receive a full refund of those courses (For Chapter 33 students, the school will return the tuition and fees to the VA). An “MW” symbol will be assigned and will not be counted in progress probation, dismissal calculations, or in calculating the permitted number of withdrawals a student is allowed. Student can resubmit the application for admission upon return. This petition is located on the Admissions and Records Forms Webpage <https://welcome.solano.edu/ar-forms/>.

Students who are receiving the VA benefit along with Financial Aid should be aware that withdrawing from a course(s) will have an impact on their benefit/financial aid status. Students are strongly encouraged to talk to the Financial Aid Department and the School Certifying Official.

VA benefits will stop as of the drop date reported for all classes. Students will be responsible to repaying VA the funds received for such course(s), (BAH/Monthly assistance allowance), or submitting a Mitigating Circumstance to the VA.

If you are a Cal Grant recipient and have been called to active military duty, are entering military service, Peace Corps or VISTA, you may apply for a deferment of your Cal Grant for up to three years. Send the Military Deferment Request Cal Grant Programs form to the California Student Aid Commission, along with a copy of your orders.

Contact Information

Veterans Resource Center Building 2700 Room 2750 (Main Campus, Fairfield)	
Veterans Affairs Coordinator	Amy Kennedy, Amy.Kennedy@solano.edu , 707-864-7105
School Certifying Officials	Christopher Gulick, veterans@solano.edu , 707-864-7105 Helymar Walter, veterans@solano.edu , 707-864-7105
VA Work Study Supervisor	Amy Kennedy, veterans@solano.edu , 707-864-7105 Christopher Gulick, veterans@solano.edu , 707-864-7105
VA Academic Counselor	Rahul Patria, veterans@solano.edu , 707-864-7105
Financial Aid Office Building 400, Second Floor	
VRC Financial Aid Representative	Zac Hammond, Zachary.Hammond@solano.edu , 707-864-7000 ext. 4426



SOLANO
COMMUNITY COLLEGE

Veterans Education Benefit Monthly Pay Rate Effective October 1, 2024

Veterans Resource Center
Building 2700 Room 2750
4000 Suisun Valley Road
Fairfield, CA 94534-3197
Office: (707) 864-7105 Fax: (707) 646-2092
E-mail: veterans@solano.edu Website: www.solano.edu/veterans

Spring & Fall 18-Week Term Units: Full-time = 12+, 3/4 Time = 9 – 11, 1/2 Time = 6 – 8

Chapter 30 – Montgomery GI Bill® (3 years or more of Service)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$2,438.00	\$1,828.50	\$1,219.00	Tuition & Fees only
Chapter 30 – Montgomery GI Bill® (Less than 3 years of Service)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1,978.00	\$1,483.50	\$989.00	Tuition & Fees only

Chapter 31 – Veterans Readiness & Employment (VRE)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate No Dependents	\$793.01	\$595.86	\$398.69	N/A
One Dependent	\$983.65	\$738.81	\$493.97	N/A
Two Dependents	\$1,159.17	\$866.65	\$580.64	N/A

Add for additional dependents Full-time=\$84.47, 3/4 time=\$64.98 & ½ time=\$43.34

Chapter 33 – Post 9/11 GI Bill®													
<p>BAH rates vary according to number of units enrolled. Anything under full time will be prorated. To receive <i>FULL</i> BAH for a regular semester you need to have 12+ units, you will <i>NOT</i> receive BAH if you are below 6.5 units. To calculate your BAH rate using the chart, multiply your full BAH rate by the multiplier under the number of units in which you are enrolled that are authorized by the VA. EX: If your full BAH rate is \$3,237.00 per month and you are enrolled in 9 units you would use $3237 \times .8 = 2,589.60$ If all your classes are online BAH is \$1,055 per month. Minimum of ONE in-person class is \$3,237 per month.</p>													
Units	≥12	11.5	11	10.5	10	9.5	9	8.5	8	7.5	7	6.5	>6.5
Multiplier	1	1	.9	.9	.8	.8	.8	.7	.7	.6	.6	.5	0

Chapter 35 – Dependents Educational Assistance				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1,536.00	\$1,214.00	\$890.00	Tuition & Fees only

Chapter 1606 – Montgomery GI Bill® Selected Reserve				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$481.00	\$360.00	\$240.00	\$120.25

Monthly Pay Rates Obtained From:

- https://www.benefits.va.gov/gibill/resources/benefits_resources/rate_tables.asp (Chapter 30, 35, and 1606)
- <https://www.va.gov/education/gi-bill-comparison-tool/> (Chapter 33)
- https://www.benefits.va.gov/vocrehab/subsistence_allowance_rates.asp (Chapter 31)

ACCELERATED COURSE PAY RATE FOR SEMESTER TERMS

All Chapters					
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time	Min. Req. for BAH
10-Week Course	7 units	5 units	3.5 units	<3.5 units	3.5 units
9-Week Course	6 units	4.5 units	3 units	<3 units	3.5 units
8-Week Course	5.5 units	4 units	3 units	<3 units	3 units
7-Week Course	5 units	3.5 units	2.5 units	<2.5 units	3 units
6-Week Course	4 units	3 units	2 units	<2 units	2.5 units
5-Week Course	3.5 units	2.5 units	2 units	<2 units	2 units
4-Week Course	3 units	2 units	1.5 units	<1.5 units	1.5 units
3-Week Course	2 units	1.5 units	1 unit	<1 unit	1.5 units

**** Calculations based on: (# Credits × 18 ÷ weeks = credit hour equivalents) with 6 being ½ time. ****





Transcript and Student Obligation 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

Full Name	Last 4 SSN	Student ID
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TRANSCRIPT INFORMATION:

Did you attend a previous college other than Solano Community College? Yes No

Do you have a degree (undergraduate and/or graduate)? Yes No

Name of College(s)	OFFICE USE ONLY		
	In File	Date Rcvd	Initials
<input type="checkbox"/> Joint Service Transcript (Army, Coast Guard, Marines, Navy) -OR- <input type="checkbox"/> Community College of the Air Force (Air Force) are required for veterans.			

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.

SIGNATURE _____

DATE _____



Intake 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

Full Name		Student ID	
Full SSN		Date of Birth	
VA File Number (Veterans SSN – CH35 Only)		CH35 Only—Are you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Address		City	State
Phone		Zip	
Phone		Email	

If you are the Veteran:

Branch of Service: _____ Discharge Date: _____

Do you have a disability rating with the VA? No Yes

Do you have health insurance? No Yes

Is your health insurance through the VA? No Yes

CHECK ALL THAT APPLY: Are you interested in information about...

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> VA Healthcare | <input type="checkbox"/> Food Sources | <input type="checkbox"/> Book Assistance |
| <input type="checkbox"/> VR&E (CH31) | <input type="checkbox"/> Free Tutoring | <input type="checkbox"/> Housing | <input type="checkbox"/> EDD Unemployment |
| <input type="checkbox"/> VA Disability Claims | <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Solano County VSO |
| <input type="checkbox"/> Work Study | <input type="checkbox"/> Classroom Accommodations | <input type="checkbox"/> Other: _____ | |

SIGNATURE _____ DATE _____

****VETERANS RESOURCE CENTER STAFF ONLY****

Referrals Made

	Financial Aid
	Vocational Rehabilitation
	Disability Claims
	Health Insurance
	Free Tutoring

	Personal Counseling
	Food Sources
	Housing
	Legal Aid
	Book Assistance

	EDD Unemployment
	VSO
	Work-Study
	Other
	Accommodations (ACS)

Notes:

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

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 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 _____

Admissions and Records Petition Substitution of Degree Requirements

Rec'd By: _____
Date: _____



Graduation: (expected)

Fall Spring Summer Year: _____

SCCID#: _____

Major: _____

Name: _____

Email Address: _____

Address: _____

Date of Birth: _____

City/State/Zip: _____

Select one:

MAJOR Requirement: (Must have signature of School Dean or petition will be denied)

Substitution (Course for course **ONLY**. Course descriptions or syllabus **AND** official transcript **MUST** be provided or petition will be denied.)

GENERAL EDUCATION Requirement (GE): (Approval/denial given by A&R Dean or Designee)

Substitution Only (Course descriptions/syllabus and transcript **MUST** be attached or petition will be denied.)

DD295 or DD214 with Honorable Discharge (Dean signature is not required)
(Meets requirements for SCC GE Option A Health and Kinesiology & CSU GE Option C Area E)

Waiver of GE Requirements due to a previously completed BA/BS degree from a regionally accredited college or university. Official transcript evaluation by Solano is required. Degrees earned Internationally do not qualify.

Course Title or Work Experience	Course Title/Number	Semester Units	Grade	College Where Taken	Semester/Year	SCC Class Title / # you wish to substitute for: (Example: ENGL 001)	Approve/Deny

Reason for Request:(to be completed by student)

Counselors Notes:

Student's Signature (Required)

Date

Telephone No.

OFFICE USE ONLY

Action of Dean of School (major requirement) or A&R Dean or designee (GE requirement)

Denied - The requested substitution or waiver *does not* meet the spirit of intent of the requirement. Approved Waiver

Approved Substitution - The requested substitution meets the spirit of intent of the requirement. Credit-by-Exam

Faculty Recommendation (optional): _____

Print Faculty Name: _____
(Required only if Faculty input is requested by Dean)

Date: _____ Print Dean's Name: _____ Dean Signature: _____

Date: _____ Print A&R Dean or designee Name: _____ Sign: _____

Comments:

Substitution/Waiver Information and Instructions

Instructions to Students:

1. Student to complete form in pen, sign and date. Form can also be submitted electronically.
2. Attach OFFICIAL TRANSCRIPT and all course descriptions from previous institutions that support each class that you are requesting a substitution for. Course descriptions must be from the year the class was taken.
3. It is HIGHLY SUGGESTED that you complete and review this petition with a Solano College Counselor before submitting to the A&R Office.
4. Only classes where a substitution is being requested should be included on the form. DO NOT include the entire transcript on the petition.
5. Submit form to A&R Office, either in person in Building 400, Fairfield Campus, or by submitting along with all supporting documentation to admissions@solano.edu
6. A&R Office will review and if School Dean signature is required, A&R will send to the School Dean's office.
7. School Dean will return the signed form to A&R once their review is complete.
8. A&R Office will process and email a copy to the students preferred email address on record.

Instructions to Counselors: Before signing the petition, please:

1. Check <https://assist.org/> to see if there is established course equivalency already in place. If there is, please DO NOT submit a substitution petition.
2. Check <https://c-id.net/> to see if there is an equivalent C-ID approval for the course and/or if for a TMC/ADT, it is an appropriate substitution.
3. Only classes where a substitution is being requested should be included on the petition. DO NOT include the entire listing of classes on a transcript on the petition. Reminder: If a student has completed a BS/BA degree from a regionally accredited institution, they may be eligible for GE reciprocity.
4. Substitution petition review by A&R will not result in unit posting to Banner or DegreeWorks. If unit posting is needed, please submit a Request for Transfer Review Form: <https://www.solano.edu/ar/2021/RequestforTranscriptReview221a.pdf>
5. Please include notes providing justification and/or insight.

General Information about the Substitution of Coursework Process:

1. Please reference the SCC online catalog for Solano course information and course descriptions.
2. Ideally, this form should be completed and submitted well in advance of petitioning for your degree and/or certificate.
3. Please identify your major when completing this form as this may affect the outcome of the decision.
4. Please identify the term in which you intend to graduate when completing this form.
5. If you are using courses from another institution, that institution must be regionally accredited. To determine whether or not a school is regionally accredited, please visit: <http://ope.ed.gov/accreditation/Search.aspx>
6. Major substitutions must be approved by the School Dean of the major is listed in the catalog. The School Dean will review in consultation with an appropriate faculty member.
7. General Education (GE) substitution must be approved by the Dean of A&R, or designee. If you disagree with the determination made, you should first consult with the A&R Office. If resolution cannot be reached, please complete an Appeal Petition.
8. The School Dean has the option to request/advise Credit-by-Exam in lieu of waiving a course.

Isakson and Roe Veterans Health Care and Benefits Improvement Act of 2020 & Colonel John M. McHugh Tuition Fairness for Survivors Act of 2021



SOLANO
COMMUNITY COLLEGE

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

Full Name		Last 4 SSN	
SCC ID	Date of Birth		
Mailing Address	City	State	Zip
Phone	Email		

OFFICE USE ONLY	
Petition Refers to:	
<input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____	
Eligibility Criteria:	
<input type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Eligible Benefits:	
<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"/> Fry Scholarship	
Eligibility Documentation:	
<input type="checkbox"/> VA Certificate of Eligibility <input type="checkbox"/> DD-214 <input type="checkbox"/> Tungsten PO	
Veterans Resource Center Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Veterans Resource Center Coordinator or School Certifying Official: _____	
Veterans Resource Center Action: <input type="checkbox"/> Residency Changed	
Veterans Resource Center Student Services Generalist: _____	

Solano Community College

Admissions and Records

Request for Official Transcript Review and Unit Posting

SCCID #:		Date of Birth:	
Last Name:			
First Name:			
Email:			
Phone:			

School(s) that you requested to have transcripts sent to Solano **FROM**:

1)			2)		
3)	4)		5)		6)

Transfer Unit Posting – MUST have OFFICIAL transcripts on file

- Only college level classes that were taken and passed at a regionally accredited college will be posted.
- Only **OFFICIAL** transcripts from your previous institutions can be used for evaluation.
- Transfer unit posting may take up to 8 - 10 weeks after the receipt of this form **AND** receipt of a copy of ALL official transcripts listed above.
- Requests for which we have received transcripts are processed in the order the Request for Transcript Review was received.
- If you submit this form to us prior to our receiving your transcript(s) from another school(s), we will hold it for no more than one year.
- If you recently requested to have transcripts sent to us from another school for evaluation, in order for us to take any action you **MUST** be enrolled at Solano **AND** have submitted this form.
- Transcripts received without a request for evaluation and unit posting will not be evaluated.

I agree with the above guidelines and wish to have my units reviewed and transferred.

Student signature: _____ Date: _____

LAST NAME

FIRST NAME

OFFICIAL USE ONLY

SCCID #