



YUBA COLLEGE VETERANS SERVICES OFFICE

DECLARATION OF ENROLLMENT FOR CH 31

(This form **MUST** be completed each semester to ensure proper certification)



Name:		Student ID #:	Birthday (Month ONLY, not mandatory)
SSN (Student):		Anticipated Graduation Year:	
Phone Number:		E-Mail:	
CURRENT Address: Street		City, State Zip	

VA Education Benefit

VR&E Case Manager Name & Contact Information:	Authorization Number & Approved Semesters - Office Use Only <i>(i.e. FA20 – FA21):</i>
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Financial Aid

When did you last apply for FAFSA/BOG? (ALL VA students PLEASE apply) MONTH/YEAR _____

Were you approved for California Promise Grant (to cover Tuition & Fees)? YES NO

Educational Objective

- AA/AS
 Transfer Degree
 Certificate

Major Listed on Current Education Plan: _____

Semester

- Fall
 Spring
 Summer
 Year: _____

Course Name and Number <i>(i.e. ENGL-1A, MATH 52)</i>	Units	Ed Plan Area Fulfilled <i>(i.e. Area A, Area B, Major, Etc..)</i>	Start Date	End Date	Signature & Date <i>(Verified By VA Employee)</i>

Statements of Understanding

Please read the following statements and initial in the space provided.

_____ I understand that I have met with a VR&E counselor to ensure compliance with my educational objective. A Tungsten Authorization Number (*previously known as 28-1905*) must be on file prior to Certification of VA benefits. The VR&E counselor authorized tuition, required fees, required textbooks and for the classes listed on the previous page

_____ **I understand that I must submit this Declaration of Enrollment EVERY semester, and that it takes 4 to 8 weeks for the VA regional Office to process my educational benefits.**

_____ I understand that the VA *does not pay* for **recommended** courses, challenged courses, any class that I have not met prerequisite requirements for, or any class that is not part of my EDUCATIONAL PLAN. Failure to take proper courses will result in an overpayment and the reduction or possible termination of benefits. Veterans and Dependents assume full liability for any overpayment of veterans' benefits.

_____ I have provided, or will provide official transcripts to Yuba College Admissions and Records Office for all the colleges I have attended. (This includes military training and the DD-214). **Failure to submit official transcripts/DD-214 will cause a delay in benefits.**

_____ I will promptly notify the Yuba College Veterans Service Office of any classes that I add, drop, or stop attending during the semester. **Failure to do so may result in overpayment, which I may be required to refund the VA.**

_____ I will notify the Yuba College Veterans Service Office of any changes to my personal data, such as a name, address, phone, or email change.

_____ If certification is based on my application for benefits, I understand that I must turn in my certificate of eligibility immediately upon receipt. **Without the certificate of eligibility, I understand that I may not be certified for subsequent semesters.**

_____ In order to receive VA benefits, I must maintain Satisfactory Academic Progress. This means maintaining a **cumulative GPA of 2.0**.

_____ I understand that non-standard terms (short term classes) are certified individually and will affect the number of units I am pursuing in the VA system.

_____ I understand that by signing this form, I authorize the release of any and all information concerning my VA benefits, class schedule, and grade reports (transcripts) to all Yuba College Veterans Office Staff, VA Personnel and relative contractors.

_____ I understand that failure to comply with these rules may result in termination of my VA educational Benefits.

I hereby certify that all statements are true and complete to the best of my knowledge.

Signature

Date