



WOODLAND COMMUNITY COLLEGE VETERANS SERVICES OFFICE DECLARATION OF ENROLLMENT

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

Name:	Student ID #:	Birth Month:
SSN (Student):	VA File # (Sponsor SSN, if different from student):	
Phone #:	Most Frequently Used E-Mail:	
Anticipated Graduation Year (Please Estimate):	Lived in California for the last 12 months?	
Address:	Street	City State Zip

VA Education Benefit Chapter Selection

(Check one)

- | | |
|--|---|
| <input type="checkbox"/> CH 33 (Post-911 GI Bill) _____% | <input type="checkbox"/> CH 33T (Post-911 GI Bill, Transfer of Eligibility) |
| <input type="checkbox"/> CH 30 (Montgomery GI Bill) | <input type="checkbox"/> CH 35 (Survivors' & Dependents) |
| <input type="checkbox"/> CH 1606 (Reservists/Guard) | <input type="checkbox"/> CH 1607 (Active Reserve/Guard) |

When did you last apply for Promise Grant? Month/Year _____

Were you approved for Promise Grant? YES NO

All students using VA Education Benefits are required to apply for BOG/Promise Grant **each year*

Select Education Objective

- AA/AS/ADT
 Certificate
 CSU/IGETC Transfer

Major:

Semester to be Certified with VA

- Fall
 Spring
 Summer
 Year: _____

Course Name and Number <small>(i.e. ENGL-1A, MATH 52)</small>	Ed Plan Area <small>(i.e. A2 or Critical Thinking)</small>	Start Date	End Date	Initials & Date <small>(Verified By)</small>

Statements of Understanding

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

_____ I understand that I have met or will meet with a counselor to ensure compliance with my educational objective. A VA Education Plan must be on file **prior to** Certification of VA benefits.

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

_____ 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 all Post 9/11 (Chapter 33/33T) GI Bill users, must take a minimum of 6.5 units per semester to receive benefits. Furthermore, I must take at least one face-to-face course in order to receive MHA benefits. Otherwise I will receive ½ the National Average.

I hereby certify that I have read, understand, and agree will the above initialed statements.

Signature

Date

(Revised: February 2, 2019)