

VENTURA COLLEGE

SET YOUR COURSE

ADMISSIONS & RECORDS OFFICE

4667 TELEGRAPH ROAD, VENTURA, CA 93003

PHONE: (805) 289-6457

VETERAN'S AGREEMENT & REQUEST FOR CERTIFICATION

Section 1: Type of Benefits

- Select 1: Veteran Dependent
- Select 1: New Student Continuing Student Returning Student
- Select 1: Ch.30 Ch.31 (Voc Rehab) Ch.33 (Post 9/11) Ch. 35 Ch.1606 Ch.1607

Section 2: Request for Certification

Term (Select Only 1): Spring 20____ Summer 20____ Fall 20____

Name: _____ 900#: _____
Last First MI

Current Address: _____
Street / PO Box Apt # City Zip Code

Phone: (____) _____ - _____ Last Semester Attended at VCCCD: _____
Term Year

Major: _____ Units Enrolled: _____

Section 3: Veteran's Agreement – Read and Sign

- It is my responsibility to turn in this form to Admissions & Records with my CURRENT EDUCATION PLAN & SCHEDULE every semester that I wish to be certified for.
- I must have my COE or Statement of Benefits and DD-214 turned into Admissions & Records before I will be certified
- I must have my official transcripts from all previous institutions and/or military service turned into Admissions & Records by my second semester before any future certifications can occur.
- I will only be certified for classes on my Education Plan.
- Any changes to my schedule will be reported to VA and may affect my benefits.
- I am financially liable for tuition and fees not covered by VA.
- I am not repeating any college credit course that I have successfully completed
- I will be in regular attendance for all classes I am certified for.
- I understand that taking short term/accelerated courses may affect the amount of benefits I receive.
- I understand that if I am receiving Chapter 33 benefits, and enrolled in ONLY online classes, I will not receive my full Monthly Housing Allowance.
- I understand that if I do not maintain a 2.0 GPA for three consecutive semesters VA will be notified, resulting in withdrawal of Education Benefits.
- I understand that communication regarding my certification will be done through myVCCCD email.

I hereby authorize the Ventura College SCO to release information from my personal and veteran records to authorized personnel at the Veteran's Administration Office and/or my secondary school as necessary and agree to abide by the terms listed above.

Student Signature: _____ Date: _____

A&R Office Use Only: VAONCE (Initial): _____ SGASTDN (Initial): _____ LIST (Initial): _____ Date: _____