



San Diego Community College District  
**California Nonresident Tuition Exemption Request**  
**Affidavit for Eligible Veterans**

Fall     Spring     Summer    Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

(PRINT) as it appears on your college student records

Address: \_\_\_\_\_  
Street City State Zip

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

**I, the undersigned, am applying for a California Nonresident Tuition Exemption at San Diego City, Mesa or Miramar College for eligible veterans who are either:**

a) Discharged from a military installation in California within the past three years.

I DECLARE THE FOLLOWING, UNDER PENALTY OF PERJURY:

I, \_\_\_\_\_, am a veteran previously stationed in California  
Student Name  
 who has been discharged from a California military installation within the past three years. I further declare that I fully intend to establish California residency as soon as possible, and within the two (2) year deadline.

Discharge Date: \_\_\_\_\_ (Attach a copy of your DD214 with this affidavit)

b) Currently residing in California, have more than 90 days of active duty service, and will be using GI Bill Benefits while enrolling at San Diego City, Mesa or Miramar Colleges.

I DECLARE THE FOLLOWING, UNDER PENALTY OF PERJURY:

I, \_\_\_\_\_, am a veteran (or eligible dependent) currently  
Student Name  
 residing in California, discharged from a military installation within three years, have more than 90 days of active duty service, **and** will be using GI Bill Benefits while enrolling at San Diego City, Mesa or Miramar College.

Discharge Date: \_\_\_\_\_ (Attach a copy of your DD214 and/or your Certificate of Eligibility (COE/TOE) or printout of VONAPP confirmation number with this affidavit)

I understand that if any of the above information is untrue, I will be liable for payment of all nonresident charges from which I was exempted and may be subject to disciplinary action by the college.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Effective Term: \_\_\_\_\_ DD214/COE Verify Date: \_\_\_\_\_ Processed by: \_\_\_\_\_