



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

DRAFT

☐ 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 two 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 two 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, ~~and discharged from a military installation within three years and~~ 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: _____