



# California Nonresident Tuition Exemption Request

Education Code § 68130.5, as amended, commonly known as AB 540

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

**Note:** This form is accepted by all California Community Colleges and all campuses in the California State University system; some University of California campuses will allow use of this form, but most require applicants to complete a campus-specific form to apply for AB 540 status as amended by Education Code section 68130.5, effective January 1, 2018.

## INSTRUCTIONS

Complete and sign this form to request exemption from nonresident tuition charged to nonresident students. Once determined to be eligible, you will continue to receive the exemption as long as you fulfill eligibility requirements or until the College or University no longer offers this exemption. Applying for this exemption does not alter your responsibility to pay, by the campus deadline, any nonresident tuition and associated fees that may be due before your eligibility is determined.

## APPLICATION

I, the undersigned, am applying for the California Nonresident Tuition Exemption with the San Diego Community College District (select one):

☐ San Diego City College ☐ San Diego Mesa College ☐ San Diego Miramar College

I declare that the following apply to me:

### 1) Check one box only:

- ☐ I have a current nonimmigrant visa (not including a T and U visa) as defined by federal law.  
*Nonimmigrants have been admitted to the U.S. on a temporary visa and include, but are not limited to, foreign students (holding F visas) and exchange visitors (holding J visas).*
- ☐ I have a current nonimmigrant T or U visa as defined by federal law.
- ☐ I do **NOT** have a current, nonimmigrant visa as defined by federal law.  
*This includes, among others, U.S. citizens, permanent residents, DACA recipients, and individuals without current or valid immigration status.*

### 2) Select all items that apply to you from each column (must satisfy at least one from each column to be eligible):

| Column A  | Column B   |
|---|--|
| <p><input type="checkbox"/> I have three (3) years of attendance at a California high school.</p> <p><input type="checkbox"/> I have three (3) or more years of high school coursework and three (3) years of attendance in California elementary schools, California secondary schools, or a combination of California elementary and secondary schools.</p> <p><input type="checkbox"/> I attended or attained credits at a combination of California high school, California adult school, and/or California Community College (CCC) for the equivalent of three (3) years or more.*</p> | <p><input type="checkbox"/> I have graduated or will graduate (before the first term of enrollment at the California Community College (CCC)) with a California high school diploma or the equivalent (i.e., California-issued GED, CHSPE).</p> <p><input type="checkbox"/> I completed or will complete (before the first term of enrollment at the CCC) an associate's degree from a California Community College.</p> <p><input type="checkbox"/> I completed or will complete (before the first term of enrollment at the CCC) the minimum requirements at a California Community College for transfer to the California State University.</p> |

\*A year's equivalence at a California Community College is either a minimum of 24 semester units of credit or 36 quarter units. ~~Only two (2) years of full time attendance in credit courses at a California Community College will count toward the three (3) or more years of attendance.~~ For noncredit courses, a year's attendance is a minimum of 420 class hours per year (a semester is equivalent to a

minimum of 210 hours and a quarter is equivalent to a minimum of 140 hours). Full-time attendance at a California adult school is a minimum of 420 hours of attendance for each school year.

Please provide information on the schools you attended and referenced above, including the dates you attended and the number of credits or hours obtained:

| Name of California School | Type of School<br>(high school, adult school, or community college) | City | Dates                |                    | Number of Credits or Hours |
|---------------------------|---|------|----------------------|--------------------|----------------------------|
|                           |   |      | From<br>(Month/Year) | To<br>(Month/Year) |                            |
|                           |   |      |                      |                    |                            |
|                           |   |      |                      |                    |                            |
|                           |   |      |                      |                    |                            |
|                           |   |      |                      |                    |                            |
|                           |   |      |                      |                    |                            |

Applicants must submit, as part of this form, official transcripts/attendance records that validate any of the information above as requested by the College, District, or University residence officials.

AFFIDAVIT

By signing this document below, I hereby state that if I am a non-citizen without a current or valid immigration status, I have filed an application to legalize my immigration status or will file an application as soon as I am eligible to do so.

DECLARATION OF TRUE AND ACCURATE INFORMATION

I, the undersigned, declare under the penalty of perjury that the information I have provided on this form is true and accurate. I understand that this information will be used to determine my eligibility for the California Nonresident Tuition Exemption. I further understand that if any of the above information is found to be false, I will be liable for payment of all nonresident tuition charges from which I was exempted and may be subject to disciplinary action by the College or University.

Student Name: \_\_\_\_\_  
(PRINT) as it appears on your college student records

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

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

Birth Date: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

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



San Diego Community College District  
**CH.33/CH. 31 Deferment Contract**

**DRAFT**

- ☐ City  
☐ Mesa  
☐ Miramar

All questions must be answered before your application will be received.  
Please use black or blue ink and print clearly

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
Last First MI

Birthdate: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Telephone: ☐ Work ☐ Home ☐ Cell \_\_\_\_\_ ☐ Work ☐ Home ☐ Cell \_\_\_\_\_

**I will be receiving the following Military Educational Benefits:**

☐ CH 33: Post 9/11 GI Bill ☐ CH 31: Veterans Vocational Rehabilitation Program

☐ Other: \_\_\_\_\_

Are you a California Resident? ☐ Yes ☐ No

Semester of Registration: ☐ Spring 20 \_\_\_\_\_ ☐ Summer 20 \_\_\_\_\_ ☐ Fall 20 \_\_\_\_\_

Please **read and initial** to acknowledge each of the following statements:

\_\_\_\_\_ I understand that I will be responsible for paying for any outstanding enrollment fees not covered by my VA educational benefits. I will have a hold placed on my account and will not be able to register for classes in subsequent semesters until the balance is satisfied.

\_\_\_\_\_ I understand the college will only certify courses required under my current educational plan.

\_\_\_\_\_ I understand my registration fees will appear on mySDCCD portal until my balance is satisfied.

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

**OFFICIAL USE ONLY**

Signature of Certifying Official: \_\_\_\_\_ Date: \_\_\_\_\_



**DRAFT**

San Diego Community College District

## Semester Worksheet

☐ Fall ☐ Spring ☐ Summer Year: \_\_\_\_\_  
☐ City ☐ Mesa ☐ Miramar  
(Indicate Primary Campus)

### VA OFFICE ONLY

Staff Initials \_\_\_\_\_  
Ed Plan \_\_\_\_\_  
Orientation \_\_\_\_\_  
Vet.Status Pg \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(PRINT) Last First MI

SSN/VA Number: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Major: \_\_\_\_\_ Has your major changed since you were last certified? ☐ Yes ☐ No

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

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

**VA Education Benefit Type** (Transfer Entitlement: ☐ Yes ☐ No)

☐ Post-9/11 (Ch. 33) ☐ MGIB (Ch. 30) ☐ Reserve (Ch. 1606/1607) ☐ Voc Rehab (Ch. 31) ☐ DEA (Ch. 35) ☐ VRAP

### LIST CLASSES HERE

(Do **NOT** include classes you are waitlisted for)

**NOTE:** The VA will **NOT** pay for online or hybrid basic skills/remedial courses.

| Course Subject<br>(Example: HIST) | Course Number<br>(Example: 101) | Number of Units | Is this an Online or Hybrid Course? | Class Start & End Dates | OFFICAL USE ONLY             |                           |
|-----------------------------------|---------------------------------|-----------------|-------------------------------------|-------------------------|------------------------------|---------------------------|
|                                   |                                 |                 |                                     |                         | Last Day of Attendance (LDA) | Meet Ed Plan Requirement? |
|                                   |                                 |                 |                                     |                         |                              |                           |
|                                   |                                 |                 |                                     |                         |                              |                           |
|                                   |                                 |                 |                                     |                         |                              |                           |
|                                   |                                 |                 |                                     |                         |                              |                           |
|                                   |                                 |                 |                                     |                         |                              |                           |

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

- WITHDRAWAL/CHANGE OF CLASSES:** I understand that as a condition of attendance in the San Diego Community College District, I am required to notify the VA Office whenever I add/drop any course that is payable by the VA Regional Office. **These changes must be reported immediately.**
- FEE DEFERMENT:** I understand that I will be responsible for paying for any outstanding fees not covered by my VA educational benefits. I will have a hold placed on my account and will not be able to register for classes in subsequent semesters until the balance is satisfied.
- REPEATED CLASSES:** Veterans may **not** receive benefits for a repeat of a course in which a grade of "A," "B," "C," "D," or "P" has already been earned. Although District policy allows a student to repeat a course in which a "D" grade has been received, the repeat course may **only** be certified for benefits if the catalog states that a grade of "C" or better in that course is required to earn a degree or meet a prerequisite.

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

**OFFICIAL USE ONLY**[illegible]