



San Diego Community College District

Class Adjustment Form

☐ City ☐ Mesa ☐ Miramar

☐ Fall ☐ Spring ☐ Summer Year: _____

Student Name: _____
(PRINT) Last First MI

Student ID Number: _____ Date of Birth: _____

Service Person's SSN/VA Number: _____

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

| ADDED CLASSES | | | | | | DROPPED CLASSES | | | | |
|---------------|-------|------|-------|---------------|----------|-----------------|-------|------|-------|------|
| SUBJ | CRSE# | CRN# | UNITS | START/ END | PAYABLE? | SUBJ | CRSE# | CRN# | UNITS | LDA* |
| | | | | | | | | | | |
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Counselor Signature: _____ Date: _____

*Last Date of Attendance (LDA) is verified by the instructor's records. If you remain on the class roster beyond the withdrawal deadline the instructor must give you a letter grade even if you have stopped attending. If you receive an "F" for any reason, including nonattendance, you may have to pay money back to the VA. Be accurate as this information is reported to the Veterans Regional Office.

I CERTIFY THE FOREGOING INFORMATION IS TRUE, COMPLETE AND ACCURATE.

Student Signature: _____ Date: _____

Distribution: Counseling; Veteran Affairs

SS/ETCLSADJ 03/2024-DRAFT