San Diego Community College District

CH.33/CH. 31 Deferment Contract

All questions must be answered before your application will be received.

Please use black or blue ink and print clearly

❒ City
❒ Mesa
❒ Miramar

Name: _____ Student ID Number: _____
Last First MI

Address: _____
Street City State Zip

Telephone: (Home) _____ (Work) _____ E-mail: _____

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_____ Fall 20_____

Please <u>read and</u> 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: _____

Distribution: Original–VA Office; Copy–Accounting Office and Student