San Diego Community College District
Semester Worksheet
❑ Fall   ❑ Spring   ❑ Summer   Year: _____
❑ City   ❑ Mesa   ❑ Miramar
(Indicate Primary Campus)

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   ❑ MGIB   ❑ Reserve   ❑ Voc Rehab   ❑ DEA   ❑ VRAP
(Ch. 33)   (Ch. 30)   (Ch. 1606/1607)   (Ch. 31)   (Ch. 35)

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 (Example: HIST)	**Course Number** (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

Date	Name	Comment/Remarks