SANTA MONICA COLLEGE
VETERANS PROGRAM

AGREEMENT CHANGE

Please check applicable status/term: ☐ **VETERAN** ☐ **DEPENDENT** ☐ **WINTER/SPRING** ☐ **SUMMER/FALL**

LAST:	FIRST:	MIDDLE:	STUDENT I.D. #:	SSN #:	PHONE NUMBER:

ADD			DROP		
SEMESTER	COURSES	UNITS	SEMESTER	COURSES	UNITS
	TOTALS			TOTALS	

Read and Initial *(by initialing below, I agree to the following):*

_____*I understand that the VA will only pay for courses that are required for my degree.*
_____*I understand that I will be financially liable for payment of tuition and fees not covered by the VA.*
_____*I understand that I am liable for any overpayment, discrepancies or delays in receipt of my benefits.*
_____*I am not repeating any course for which I have received college credit (**"D" grade or better**)*

The information I provided on this form is true and correct:

STUDENT'S SIGNATURE:	DATE:

OFFICE USE ONLY

CHAPTER 33: %	ISIS CONTRACT CHANGE:	AGREEMENT CHANGE: *(FROM/TO)*	TUITION AND FEES CHANGE:	VA EFFECTIVE DATE:	VA SUBMITTED DATE: