



Veterans Resource Center
Ch. 33/Ch. 31 Beneficiaries Only
Deferment Contract

Name: _____ Student Id Number: _____

Address: _____

Phone: _____ Email Address: _____

I will be receiving the following Military Educational Benefits (Choose One):

Ch. 33 Post 9/11 GI Bill Ch. 31 Vocational Rehabilitation Program Other:

Are you a California Resident? Yes No Semester and Year of Registration: _____

Please read and initial to acknowledge each statement:

I understand that I will be responsible for paying any outstanding enrollment fees not covered by my 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 that I am responsible for any fees and tuition not covered by my VA educational benefit.

I understand the college will only certify courses required under my current education plan.

Choose one: I would _____ any outstanding fees owed to the college to be deducted from my financial aid (if applicable).

Student Signature: _____

Date: _____

Official Use Only

School Certifying Official Signature: _____ Date: _____