Enrollment Status Form

Veterans Resource Center
Building 2700, Room 2750
4000 Suisun Valley Road
Fairfield, CA 94534
Office: (707) 864-7105 - Fax: (707) 646-2092
E-mail: veterans@solano.edu Website: https://welcome.solano.edu/vrc-homepage

MONTHLY ENROLLMENT VERIFICATION REQUIREMENT

CH33 – Post 9/11 GI Bill® Recipients are **REQUIRED** to verify their enrollment through the VA at the end of every month to receive your monthly housing allowance:

1. Call the VA every month at 1-888-442-4551
2. Call the VA once and opt into monthly text message or e-mail verification
3. Online Options:
   A. Online Portal:
   https://www.va.gov/education/verify-school-enrollment/
   B. Ask VA:
   https://ask.va.gov/

Failure to verify your enrollment 2 months in a row will result in the VA withholding your monthly housing allowance until you contact them.

CH30 – Montgomery GI Bill® and CH1606 – Montgomery GI Bill® Selected Reserve Recipients are **REQUIRED** to verify their enrollment through the VA at the end of every month to receive your monthly stipend:

1. Call the VA every month at 1-877-823-2378
2. Online Portal:
   https://www.va.gov/education/verify-school-enrollment/

Failure to verify your enrollment will result in the VA withholding your monthly stipend until you contact them.

CH33 and CH31 IN-PERSON CLASS REQUIREMENT

CH33 and CH31 Students are **REQUIRED** to enroll in **ONE** in-person course to receive the full in-person **housing stipend**. Eligibility for the in-person housing stipend only lasts for the duration of the in-person class.

Form Revision Date: 3/31/2025

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If you don't submit a schedule/bill with this form, your paperwork will not be processed.

Full Name:	Last 4 SSN:	Student ID:

Term to be certified: ☐ Spring 20____ ☐ Summer 20____ ☐ Fall 20____

Benefit: ☐ CH30 ☐ CH31 ☐ CH33 Veteran ☐ CH33 Dependent ☐ CH35 ☐ CH1606 ☐ Fry Scholarship

Are you utilizing Solano College ASC (Accessibility Services Center)? ☐ Yes ☐ No

Has your contact information changed recently (If Yes, update below)? ☐ Yes ☐ No

Address:	City:	State:	Zip:

Phone:	Email:

Course(s) Added Ex: ENGL 001	Units	Office Use	Course(s) Dropped Ex: ENGL 001	Units	Today's Date	Office Use
Total Units:			**Total Units:**			

Read, understand, and Initial Each Line to agree:

_____ I authorize any staff member in the Solano Community College, Veterans Resource Center to discuss my case with any US Department of Veterans Affairs Representative.

_____ I authorize Solano Community College to **request my official Joint Service Transcripts** on my behalf.

_____ I authorize Solano Community College to **upload my official Joint Service Transcripts** to the California Community College's MAP Database to determine if my military credit articulates into major and/or GE course credit.

_____ I understand that I am *required* to have an **Education Plan** written by a VA-approved counselor prior to being certified.

_____ I understand that I am *required* to complete an Enrollment Status Form with the Veterans Resource Center **each semester in order to continue my Education Benefits**. A failure to do so *will result in an interruption in my Education Benefits*.

_____ I understand that I will only be certified for classes that are on my VA-approved Education Plan and will not be paid for non-approved classes.

_____ I understand that I am *required* to inform the Veterans Resource Center of **all changes** to my schedule. A failure to do so *may result in an overpayment on my part which will result in a debt to the US Department of Veterans Affairs.*

_____ I understand that I am *required* to have all **Official Transcripts** sent to Solano Community College **prior to my third semester** of using my Education benefits. A failure to do so *will result in an interruption in my Education Benefits*.

_____ I understand that I am *required* to submit a copy of my **Certificate of Eligibility** for my education benefit within ***one semester*** of using my Education benefits. A failure to do so *will result in an interruption in my Education Benefits*.

_____ I understand if I **drop any course(s)** that changes my rate of pursuit, I will be required to pay a portion or all of my MHA or Monthly Stipend effective the first day of the semester to the VA.

_____ I understand that if I am receiving **Chapter 30, 33, or 1606** benefits, I am required to **contact the regional VA Education Office** at the end of every month to verify my enrollment. A failure to do so *will result in an interruption of my benefits.*

I understand that by signing this form I am acknowledging that I have read all information thoroughly and understand what information has been provided to me. I certify that: I am legally enrolled in the above courses, I am not repeating any course for which I have previously received credit, and all information provided is current and correct.

SIGNATURE_____ DATE_____

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