



Transcript and Student Obligation 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://solano.edu/centers/veterans-resource-center/>

Full Name	Last 4 SSN	Student ID
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TRANSCRIPT INFORMATION:

Did you attend a previous college other than Solano Community College? ☐ Yes ☐ No

Do you have a degree (undergraduate and/or graduate)? ☐ Yes ☐ No

Name of College(s)	OFFICE USE ONLY		
	In File	Date Rcvd	Initials
<input type="checkbox"/> Joint Service Transcript (Army, Coast Guard, Marines, Navy) -OR-			
<input type="checkbox"/> Community College of the Air Force (Air Force) are required for veterans.			

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 change 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 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.

SIGNATURE _____

DATE _____