

## VETERANS PROGRAM SANTA MONICA COLLEGE

## ACREMENT OH ANCE

STUDENT'S SIGNATURE,	The information I provi	I understand that it will I understand that I will I understand that I am I am I am not repeating any o	Read and Initial (by init			SEMESTER		LEVA	Please check applicabl	
200 200 200 100 100 100 100 100 100 100	The information I provided on this form is true and correct.	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)	Read and Initial (by initialing below, I agree to the following):	TOTALS		COURSES	ADD	LIKO I:	le status/term:   VETI	
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AGREEMENT CHANGE: (FROM/TO)

OFFICE USE ONLY

TUITION AND FEES CHANGE: | VA EFFECTIVE DATE.

VA SUBMITTED DATE,

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