

LOS ANGELES TRADE TECHNICAL COLLEGE

VETERANS CONTRACT

STUDENT ID		VA CLAIM #		PHONE #	
LAST NAME		FIRST NAME		MIDDLE I.	
ADDRESS					
EMAIL ADDRESS					

I understand and agree to the following:

_____ I understand that I am required to attend two (academic and follow-up) appointments **EVERY** semester. (Based on VA regulations, veterans and dependents are required to see the Veteran's counselor before the veterans educational benefits can be certified for payment.)

_____ I understand that it is my responsibility to submit a certification request via email **EVERY** semester.

_____ I understand that only classes listed on my Student Educational Plan (SEP) and **taken** at LATTC will be certified. If I enroll at another school, I will request a Parent School Letter from my primary school.

_____ I understand that if I make any changes to my initial enrollment/certification (adding, dropping, section changes), I am required to inform the LATTC Veterans Services Office within a week. I will be responsible for any overpayment resulting from these changes.

_____ I understand that I will be financially liable for payment of fees not covered by the VA.

_____ I understand that if I received an Incomplete (INC), I am responsible for notifying the office when the INC is changed to a letter grade.

_____ I understand that the VA will not pay for repeated courses unless the grade received is not a passing grade or if it does not meet the minimum requirement for my major.

_____ I understand that **official** transcripts **MUST** be sent directly to LATTC from all my previous out-of-LA Community College District colleges by the end of the first semester. Once LATTC receives my official transcripts, I will schedule a transcript evaluation appointment with a counselor to reevaluate my Student Education Plan (SEP). ***(If transcripts are not received and evaluated by the beginning of the second semester, my VA Certification Request will not be processed.)***

_____ I understand that if I am transferring my VA benefits to LATTC, I must complete the Change of Program or Place of Training form online through the U.S. Department of Veterans Affairs prior of certification.

Post 9/11 CH 33 recipients only:

_____ I understand that if I am registered solely in online courses, my benefits will be affected. I must take at least **1 unit** on campus to qualify for full payment based on my enrollment.

_____ I understand that I **must** be enrolled in **7+** units to qualify for a full time **%** of a Basic Allowance for Housing (BAH).

_____ I understand that if I am planning/expecting full time BAH for the entire semester, I have to make sure the classes are not short-term courses. **(Enrollment of 6 or fewer units does not qualify for BAH.)**

By signing this contract, I am accepting the responsibilities as a veteran student at Los Angeles Trade Technical College.

Print Name

Student Signature

Date