

# VETERAN INFORMATION CARD (VIC)

Sacramento City College, Veterans Affairs Office (916) 558-2591 3835 Freeport Blvd, Sacramento, CA 95822

## IMPORTANT:

All requested information must be completed and this form signed in order to process your certification.

## CERTIFICATION BEYOND THIS TERM IS NOT AUTOMATIC.

It is your responsibility to ensure that your benefits continue by submitting the VIC each semester.

**New Applicants:** Always allow the USDVA at least 6-8 weeks to process your application and payment.

**If you have used benefits previously,** please allow the USDVA at least 30 days to process your payment.

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NAME: \_\_\_\_\_ SCC ID# \_\_\_\_\_  
LAST FIRST MI

TERM (PLEASE CHECK ONE):     SUMMER     SPRING     FALL    20\_\_\_\_\_

Type of Benefits:     Chapter 30 (GI Bill)     Chapter 33(Post-9/11)     Chapter 35 (Dependents)     Chapter 1606/1607

<p><b>CONTACT INFORMATION</b></p> <p>Report address change to VA <input type="checkbox"/></p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Phone # (        ) _____ - _____</p> <p>Email Address: _____ @ _____</p>	<p><b>DEGREE OBJECTIVE*</b></p> <p>Major: _____ AA/AS or BA/BS</p> <p>Transfer School (if BA/BS) _____</p> <p>Have you attended any other college since your last semester w/ SCC? List School(s) _____</p> <p><b>*If you are changing your major, you MUST complete a new VACP w/ an SCC counselor and submit Change of Program request form.</b></p>
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**WAIT! Please indicate only the classes in which you are enrolled. You will only be certified for classes in which you are enrolled & which satisfy Major/GE requirements. If you are waitlisted, it is your responsibility to notify the SCC VA Office once enrolled.**

COURSE (IE: MATH 400)	UNITS	LOCATION: (IE: ARC / CRC / SIERRA ) <small>PLEASE ATTACH A COPY OF YOUR CLASS SCHEDULE SO A PARENT SCHOOL LETTER CAN BE SENT TO THE APPROPRIATE SCHOOL FOR CERTIFICATION.</small>	OFFICE USE:

Total semester units \_\_\_\_\_ Are you repeating any classes? (Circle One) Y N If yes, list class(es), term(s) previously taken and grade(s) received:

**I understand that the SCC Veterans Affairs Office will only certify for payment of those courses that are required for my degree, and the USDVA will be notified of my enrollment status each semester. I agree that I will notify the SCC Veterans Affairs Office of any and all changes in my program within one week of the change.**

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_