Butte College Veterans Services
3536 Butte Campus Drive Oroville, CA 95965
Phone: (530) 895-2566 Fax: (530) 895-2878
E-mail: veterans@butte.edu

OFFICAL USE ONLY
Date Received

DECLARATION OF ENROLLMENT

STUDENT INFORMATION (PLEASE PRINT)

Last Name: First: M.I.:

Phone: Student ID#:

☐ - I have verified my address is correct with Butte College and VA.gov.

Major: ☐ Certificate Program ☐ AA/AS ☐ AA-T/AS-T ☐ BA/BS

Chapter of benefits receiving:

☐ 30 Montgomery ☐ 31 Voc. Rehab ☐ 33 Post 9/11
☐ 35 Dependent ☐ 1606 Reserve/Guard

Are you considered an out-of-state student YES ☐ NO ☐

Are you Sponsored (Academy only)? YES ☐ NO ☐

Semester: ☐ Fall ☐ Spring ☐ Summer ☐ Winter

Course Name and Number (i.e., SPCH 4, MATH 26)	Units	Waitlist Class	Start Date	End Date	OFFICIAL USE ONLY	
					Area	Initials
		☐				
		☐				
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		☐				
		☐				
		☐				
		☐				

- It is my responsibility to check my grades at the end of the semester to ensure they have posted accurately
- I have read/understand Butte College's **7 DAYS TO PAY** Policy and will verify exemption after submitting DOE (the following day)
- I must submit a Declaration of Enrollment **EVERY** semester
- I understand **4-8 weeks** is the standard processing time for VA education benefits
- I will promptly notify Butte College Veterans Services of any changes to my class schedule
- To continue VA Educational Benefits, I must maintain Satisfactory Academic Progress
- We recommend that you meet with our Academic Counselor at least **two** times throughout the semester
- **FAILURE TO COMPLY WITH VETERANS SERVICES POLICIES MAY RESULT IN VA DEBT AND/OR SUSPENSION OF BENEFITS**

Your signature indicates that you have read and understand the Declaration of Enrollment and decide to use benefits for the indicated semester.

Signature:_____ **Date:**_____

(Typed signature is legally binding)

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BOGFEE: YES NO	XD:_____	XD2:_____

Revised 08/06/2024