Butte College Veterans Services
3536 Butte Campus Drive Oroville CA 95965
Phone: (530) 895-2566
Email: veterans@butte.edu

INTAKE FORM

Name:	Student ID#:	Date of Birth:
SSN:	VA File # (Ch. 35 only):	

VA Benefits receiving: (Check only one)

☐ Ch. 33____% Post 9/11	☐ Ch. 30 MGIB	☐ Ch. 31 Voc. Rehab	☐ Ch. 1606 Reserves	☐ Ch. 35 DEA	☐ Ch. 33T Transfer

Residency: The VA **DOES NOT** pay for out-of-state fees. *Student Initial:* _____

If Out-of-State Resident, you must contact the Admissions and Records Office for residency re-evaluation.

- California High School Graduate? If so, you may be eligible for AB540 to waive out-of-state fees.
- Post 9/11, Montgomery GI Bill, VR&E, and Transfer of Entitlement might be eligible for AB13 to waive out-of-state fees.

Student Signature:_____ **Date:**_____

STAFF ONLY BELOW THIS LINE

What is the current residency status_____, explain options for waiving fees if OSR. Staff Initial:_____

After Enrollment, provide the following documents

Description	(Yes/ No/ NA)	Comments
Certificate of Eligibility (COE)		
Student Responsibility		
DD-214 (Member-4 Veterans only)		
Counselor Approved Education Plan		
Declaration of Enrollment (DOE)		
Transcript Obligation Form		*Form in Transcript Folder for review:* VSO Initials _____

***Refer to transcript obligation form if the student has more than listed below**

College Transcripts (College Name Below)	Resolved	VSO Initials

Probation Level	G.P.A.	Notification Date	VSO Initials
LEVEL 1			
LEVEL 2			
SUSPENSION OF BENEFITS			
READMISSION OF BENEFITS			

V.S.O. Staff Initials: **Date Received:**