



**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: |
|-------|--------------|----------------|

**VA Benefits receiving: (Check only one)**

|                                                                                                                                                              |                                        |                                                    |                                              |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Ch. 33 _____%<br>Post 9/11                                                                                                          | <input type="checkbox"/> Ch. 35<br>DEA | <input type="checkbox"/> Ch. 33T<br>Transfer (TOE) | <input type="checkbox"/> Ch.1606<br>Reserves | <input type="checkbox"/> Ch. 30<br>MGIB |
| <input type="checkbox"/> *Ch. 31 VR&E Are you eligible for Post 9/11 subsistence allowance? Y <input type="checkbox"/> N <input type="checkbox"/> *VR&E Only |                                        |                                                    |                                              |                                         |
| *SSN if this is your first time using benefits:                                                                                                              |                                        |                                                    |                                              |                                         |

**Residency:** VA education benefits **DO NOT** cover out-of-state tuition charges.

**If you are classified as an Out-of-State Resident, contact Admissions and Records 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 DEA 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                                                                              |
|-----------------------------------|---------------|---------------------------------------------------------------------------------------|
| Student Responsibility            |               |                                                                                       |
| DD-214 (Member-4 Veterans only)   |               |                                                                                       |
| Counselor Approved Education Plan |               |                                                                                       |
| Certification Request Form (CRF)  |               |                                                                                       |
| Transcript Obligation Form        |               | Form in Transcript Folder for review: <span style="float: right;">VSO Initials</span> |

**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 |        |                   |              |

**VSO Staff Initials:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_