Veteran Enrollment Certificate (VEC)

Sacramento State, College of Continuing Education, (916) 278-0700
3000 State University Drive East Sacramento, CA 95819-6103

SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

To be certified, email to cce-veterans@csus.edu

Name		**Date** *(mm/dd/yyyy)*	**Date of Birth** *(mm/dd/yyyy)*
Sac State ID *Non-EMT Students ONLY. If EMT, enter EMT. This field is NOT required*	**Primary E-mail**		**Phone Number**
Address	**City**	**State**	**Zip**
VA File # *(Ch 35 only) Can be found on VA benefits application or decision letter you received from VA*		**Relationship to Veteran** ☐ **Dependent** ☐ **Spouse**	
CH. 35 Only: Veteran Sponsor's Full Name	**Name of VA Approved Program**	**Paramedic Program Enter Cohort**	

☐ **New student at Sac State CCE** ☐ **Continuing Student**

Type of Certification	**If Termination, is it Mitigating Circumstances** ☐ **Yes** ☐ **No** **Reasoning:**	
Benefit Program	**If Ch. 31 selected, enter VR&E Counselor**	**PO#** *If unknown enter "Unknown"* **If unknown, please contact VR&E Counselor to request one sent to **cce-veterans@csus.edu***

Registered Course Names: *If EMT class, add section*	**Course Type**	**Begin Date** *(mm/dd/yyyy)*	**Term**

☐ **Check box if this is your final/graduating term for your degree/certificate.**

Branch of Service *(Veterans ONLY)*

☐ **Army** ☐ **Air Force** ☐ **Coast Guard**
☐ **Navy** ☐ **Marines**

Military Status

Will you be receiving any sponsorship from an employer/company, or scholarships? ☐ **Yes** ☐ **No**

If Yes, who is the sponsor or scholarship? **What is amount of tuition that will be paid to CCE?**

Read and Initial

_____ I understand it is my responsibility to submit documentation for benefits to the VA.

_____ I understand that the VA will only pay for courses that are required for my degree at Sacramento State, College of Continuing Education.

_____ I understand that it is my responsibility to provide the Sacramento State, College of Continuing Education VA office with my enrollment information EVERY semester by submitting this form.

_____ I understand that if I change any of my classes (adding or dropping) I must notify the Sacramento State CCE VA office within one week. Failure to notify the CCE Veterans can result in debts with the VA.

_____ I understand that courses that do not meet during the regular semester track will be reported to the VA by their official starting and ending date.

_____ I authorize the release of information concerning my veterans benefits and enrollment status to all staff (including Work-study personnel) at Sacramento State, College of Continuing Education.

_____ I authorize all Veterans Affairs staff at Sacramento State, College of Continuing Education to act on my behalf and to exchange information with the VA, and other institution's VA offices.

_____ I acknowledge that Sacramento State, College of Continuing Education will be my primary institution for this term with the Department of Veterans Affairs.

_____ I understand that not submitting my VEC can result in a delay in tuition, books/supply stipend, and BAH payments.

Student Signature

Date *(mm/dd/yyyy)*

For Office Use Only *Initial and date after action is completed*

Classes Verified _____

EM DATE 1 _____ **EM DATE 2** _____ ☐ **Full Certified**

Certifying Official: _____ **Fee Deferment** *(under Ch. 31/ Ch. 33 ONLY)* ☐ **Yes** ☐ **No**