



San Diego Community College District
California Nonresident Tuition Exemption Request
Affidavit for Eligible Veterans

Fall Spring Summer Year: _____

Student Name: _____ Student ID Number: _____
(PRINT) as it appears on your college student records

Address: _____
Street City State Zip

E-mail: _____ Telephone: _____

I, the undersigned, am applying for a California Nonresident Tuition Exemption at San Diego City, Mesa or Miramar College for eligible veterans who are either:

a) Discharged from a military installation in California within the past two years.

I DECLARE THE FOLLOWING, UNDER PENALTY OF PERJURY:

I, _____, am a veteran previously stationed in California
Student Name
 who has been discharged from a California military installation within the past two years. I further declare that I fully intend to establish California residency as soon as possible, and within the two (2) year deadline.

Discharge Date: _____ (Attach a copy of your DD214 with this affidavit)

b) Currently residing in California and discharged from a military installation within three years and have more than 90 days of active duty service, and will be using GI Bill Benefits while enrolling at San Diego City, Mesa or Miramar Colleges.

I DECLARE THE FOLLOWING, UNDER PENALTY OF PERJURY:

I, _____, am a veteran (or eligible dependent) currently
Student Name
 residing in California, discharged from a military installation within three years, have more than 90 days of active duty service, **and** will be using GI Bill Benefits while enrolling at San Diego City, Mesa or Miramar College.

Discharge Date: _____ (Attach a copy of your DD214 and/or your Certificate of Eligibility (COE/TOE) or printout of VONAPP confirmation number with this affidavit)

I understand that if any of the above information is untrue, I will be liable for payment of all nonresident charges from which I was exempted and may be subject to disciplinary action by the college.

Signature: _____ Date: _____

OFFICIAL USE ONLY

Date Received: _____ Received by: _____ Discharge Date: _____

Effective Term: _____ DD214/COE Verify Date: _____ Processed by: _____