



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

Fall Spring Summer Year _____

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 within the two 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 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.

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.

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| Print Full Name (as it appears on your college student records) | College Student Identification Number (CSID) |
| Print Full Mailing Address (Number, Street, City, State, Zip Code) | E-mail Address: (Optional) Phone Number: (Optional) |
| Signature: | Date: |

For Office Use ONLY:

| | | |
|-----------------------|--|---|
| Date Received: _____ | Received by: _____ <small>PRINT Full Name</small> | Discharge Date: _____ |
| Effective Term: _____ | DD214/COE Verify Date: _____ | Processed by: _____ <small>PRINT Full Name</small> |