



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)

| | | | | | |
|---|---|---|---|--|--|
| <input type="checkbox"/> Ch. 33 _____% Post 9/11 | <input type="checkbox"/> Ch. 30 MGIB | <input type="checkbox"/> Ch. 31 Voc. Rehab | <input type="checkbox"/> Ch. 1606 Reserves | <input type="checkbox"/> Ch. 35 DEA | <input type="checkbox"/> 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 | | |
| Certification Request Form (CRF) | | |
| Transcript Obligation Form | | <i>Form in Transcript Folder for review:</i> _____ VSO Initials |

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

| College Transcripts (College Name Below) | Resolved | VSO Initials |
|--|----------|--------------|
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| | | |
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| | | |
| | | |

| 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: _____ |
|-------------------------------------|-----------------------------|