BUTTE COLLEGE VETERANS SERVICES
3536 Butte Campus Drive Oroville, CA 95965
Phone: (530) 895-2566 Fax: (530) 895-2878
veterans@butte.edu

Transcript Obligation Form

Name:_____ ID#: _____

Phone #:_____ Semester:_____

List **all** prior colleges or training institutions below:

College Name	Estimated Units	OFFICE USE ONLY	
		Received	Evaluated

Student Obligations

- I acknowledge that I am responsible for submitting official, sealed transcripts from all previously attended colleges and training institutions to the Butte College Admissions and Records Office.
- I understand that enrolling in a course I have already completed at another institution will not be covered by VA benefits. If this is identified during a transcript evaluation, it may result in a debt owed to the VA.
- I understand that providing a complete list of all previously attended colleges or training institutions is required by Butte College to prevent delays in processing my education benefits.
- I am responsible for notifying Butte College Veterans Services once my transcripts have been submitted to the Admissions and Records Office.
- I acknowledge that it is my responsibility to have my transcripts reviewed by an academic counselor to develop my Veterans Education Plan.
- I understand that failure to submit all required transcripts by the end of the semester may result in delays or interruptions to my education benefits.

_____ _____

Student Signature Date

Revised 01/15/2025