Thank you for your interest in attending Grossmont-Cuyamaca Community College District. Please review the below forms and select the one that applies to you.

For form (1) AB13, you would have needed to serve in California more than a year prior to your discharge from California, and be honorably discharged.

For form (2) AB13, Military Personal or dependent (spouse or child) would need to use your benefit based on listed chapters. (Applicable to Veterans discharged outside of California.)

Finally, as you submit your form to us, please make sure to include the required proof listed on the form you are completing.

Please email us if you have further questions. For Cuyamaca, please email Rebecca. Emadian@gcccd.edu, and for Grossmont please email Grossmont. Residency@gcccd.edu



Affidavit for Eligible Veterans - California Nonresident Tuition Exemption Request

| (initial) | | rmed forces of the United States stationed in California on active ear immediately prior to being discharged |
|--|---|--|
| (initial) | I, shall be exempt from paying nonresident tuition for up to one year if he or she files an affidavit with the community college stating that he or she intends to establish residency in California as soon as possible. This one-year exemption shall be used while the student lives | |
| • | ing discharged (effective Jar e one-year exemption period | nuary 1, 2013, AB 2478 amended Education Code section 68075.5 d as the student may need to temporarily to return to their home |
| (initial) | - | ged. A former member of the armed forces of the United States who is bad conduct discharge shall not be eligible for this exemption. |
| (initial) | = | of the above information is untrue, I will be liable for payment for all a which I was exempted and may be subject to disciplinary action by |
| (initial) | I, understand that up on completion my exemption time that I must show proof of intent, and physical presence dated at least one year and one day prior to the start of the term, and I must not declare residency in any other state within that time frame. (students must reach out to | |
| proof of residency is the responsibility | o reclassify their residency u of the individual. | up on or prior to the expiration of their exemption). The burden of |
| | | n the (Ed. Code § 68075.5; Cal. Code Regs., tit. 5 § 54041) must ng being stationed in California more than a year prior to |
| | nalty of perjury that the in | ON: formation I have provided on this form is true and accurate. I eligibility for the California Nonresident Tuition Exemption. I |
| • | | d to be false, I will be liable for payment of all nonresident to disciplinary action by the College. |
| Full Name (as it appears on your college stu | dent records) | Campus ID Number (the college ID number) |
| Student's current physical address | | Student's email address (optional) |
| | | Student's phone number: (optional) |

Date:

Student's signature:



Complete and submit form along with proof of eligibility listed below. I declare the following, under penalty of perjury: , am a Military personnel or dependent (spouse or child) Student Name who qualifies for an exemption from nonresident fees under Section 702 of VACA. I understand that I must be physically present in California in order to qualify for this exemption. I understand that I must have served at least 90 days in active duty status (or in the case of dependents, the Member must have served at least 90 days in active duty status.) I understand that I must provide proof of eligibility via (attach documentation: Certificate of Eligibility (COE) showing eligibility for Montgomery GI Bill Active Duty or Post 9/11 GI Bill education benefit programs (Chapters 30 and 33, respectively, to Title 38, U.S. Code); or, Certificate of eligibility (COE) that the Member has been accepted into Veteran Readiness and Employment benefit program (Chapter 31, respectively, to Title 38, U.S. Code); or, DD214 (this option does not apply to spouse or child, only the Member) Certificate of Eligibility (COE) of student showing eligibility for Survivors' and Dependent **Education Assistance Program (Chapter 35).** Print Full Name (as it appears on your college student records): Student ID Number: Mailing Address: Email: Phone: Signature: Date: For Office Use Only Discharge Date: Received by: COE or DD214: Received date: 90 Days ActDuty: _____ Scanned date: Coded as AB13: