



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT

SMCCCD

AB13 (VACA) Affidavit for Eligible Veterans

Check Appropriate College

☐ Admissions

Cañada College

Bldg. 9, 1st Floor
4200 Farm Hill Boulevard
Redwood City, CA 94061
Phone: (650) 306-3226
Click [Here](#) to Submit

☐ Admissions

College of San Mateo

Bldg. 10, 3rd Floor
1700 West Hillsdale Blvd.
San Mateo, CA 94402
Phone: (650) 574-6165
Click [Here](#) to Submit

☐ Admissions

Skyline College

Bldg. 2, 2nd Floor
3300 College Drive
San Bruno, CA 94066
Phone: (650) 738-4251
Click [Here](#) to Submit

California Nonresident Tuition Exemption Request

Student ID# (Cannot be processed without ID): G _____	Print Full Name (as it appears on your college student application/records):
Would you like to be contacted of your status change? <input type="checkbox"/> Yes (you will be contacted through your my.smccd.edu email account)	Print Full Mailing Address (Number, Street, City, State, Zip Code):
Check the Semester you are applying: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: _____	

I declare the following, under penalty of perjury:

- ☐ I am a Military Personnel under Section 702 of VACA.
- ☐ Dependent (spouse or child) who qualifies for an exemption from non-resident fees
- ☐ I understand that I must be physically present in California in order to qualify for this exemption.
- ☐ I understand that I must enroll at a San Mateo Community College (Skyline, Cañada or College of San Mateo).
- ☐ 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 (attach documentation) of eligibility via (check one below):
- ☐ Certificate of Eligibility of student showing eligibility for Montgomery GI Bill Active Duty or Post-911 GI Bill education benefit programs (Chapters 30 or 33, respectively, to Title 38, U.S. Code)
- Or**
- ☐ DD214 (this option does not apply to spouse or child, only the Member).

Signature: _____ Date: _____

Office Use Only

Member Discharge Date: _____ Received by: _____

Certificate of Eligibility or DD214: _____

90 Days Active Duty: _____ Received by: _____