

Military Services

Verification of Enrollment for VA Educational Benefits

HAS ANY OF YOUR INFORMATION CHANGED SINCE YOUR LAST CERTIFICATION

Yes _____ No _____

Name: _____

Date of Birth: _____

Address: _____

MGCCC ID#: M _____

Street _____

SS#: _____

City _____ State _____ Zip _____

New student Full Social - Returning student Last 4

MGCCC Email: _____ (@bulldogs.mgccc.edu)

Day time Phone #: _____

Veteran Active Reserve Dependent Branch of Service

VA Education Benefit Chapter Information: (Check One)

____ 33(Post 9/11) ____ 33 (Post 9/11) Spouse ____ 33 (Post 9/11) Dependent Percent of Benefit

____ 33(FRY) ____ 30 (Montgomery GI Bill) ____ 31 (Voc. Rehab) ____ (Active Duty)

____ 35 (Dependent) VA File #: _____ ____ 1606 (Reserve/Nat'l Guard) ____ VA Workstudy

Student Status: ____ New Incoming ____ Student Recertification ____ Transfer Student ____ Guest Student
(1st time using VA benefits) (Returning Student) (Last school where VA was used)

Major: _____ Concentration _____
Academic - transfer college
Career program - Level
(Dip, Cert, or AAS)

Indicate term and year requesting to be certified: Fall _____ Spring _____ Summer _____

IMPORTANT: Please Read - Statement of Understanding

I understand it is **my responsibility** to verify I have met all Admissions and Military Services requirements before my enrollment certification can be submitted to the VA Regional Office to begin benefits, this includes: **Application for Admission, all Official College/School Transcripts, Official High School Transcript or High School Equivalence Diploma, Official Military Transcript, Certificate of Eligibility (COE).**

I understand I **must request certification each semester** to the Military Services Center to continue benefits.

I understand that I must speak to an advisor every semester and submit all required documents to Military Services.

I understand that payment for classes will only be for the period in which the class is in session.

I understand benefits are for approved programs only. All courses must be required and listed on the degree plan. Academic progress must be met each semester toward a degree plan.

I understand I will be responsible for charges associated with courses not required for my degree plan.

I understand the VA will send a confirmation to my MGCCC student email once certification is complete.

I understand that I must report any changes to my degree plan or schedule (including additions, audits, withdrawals, etc.) and also report any **scholarships awarded** to the Military Services Center. **Failure to report these immediately may result in a debt, for which I am responsible.**

I understand the Department of Veterans Affairs will not pay for repeated courses in which a grade of "D" or better has been previously assigned; exception, some Health programs may require a "C" or better for acceptance into the MGCCC program.

I understand I **will not be certified for any remedial courses (E.G. Beginning English, Beginning Algebra, etc.) taken online.** Therefore, I also understand I **am responsible** for any charges associated with the course.

Student Signature: _____

Date: _____

