

Great Basin College
Veterans
Statement of Understanding

1. I understand that I must contact Great Basin College's Veterans' Affairs Office, each semester, AFTER I register, to continue the receipt of my benefits and that I must report any change in enrollment to GBC Veteran Affairs Office. (It is best to register early, if possible, so your claim can be processed at the earliest possible date.)
2. I understand I must submit a degree plan for my chosen course of education leading to a standard college degree or certificate and have all prior training evaluated by the end of my second full-term semester. This evaluation result must be presented to the GBC Veteran's Affairs Office. I do not expect to be paid by the VA for courses previously passed or for courses not required for my chosen objective or major, and that I must make satisfactory progress toward graduation to continue receipt of benefits.
3. I understand that a grade of "W" or "I" may result in reduced payment from the VA and that the VA will not pay for audit classes. Should I receive a GPA of less than 2.0 I will be placed on probation for the following semester and will need to get my GPA back up to 2.0 to avoid suspension.
4. I understand that courses of other-than-normal semester term length may be paid at a different rate based on the number of credits and length of the course.
5. I understand the VA will hold me responsible for any overpayment of my education benefits. In accordance with the Privacy Act of 1974 (Public Law 93-579), I authorize official representatives of the Great Basin College to review and discuss my record concerning education benefits with official representatives of the Department of Veterans' Affairs.
6. I understand that benefit payments are always paid one month in arrears and initial payment of the benefits may sometimes be delayed depending on the GBC VA and Regional Processing Offices' workloads.
7. I understand that by submitting this form electronically, I certify, to the best of my knowledge, that all the information entered is true and that I have read, understand and agree to all conditions listed above.
8. I understand that I must self-certify my enrollment at the end of each month (chapters 30 and 1606).

PrintName: _____

Signature _____

Date _____

Date