Veterans Resource Center

Great Basin College
1500 College Parkway, Elko NV 89801
McMullen Hall Room 114
Phone: 775-327-2128
SCO Emails:
john.green@gbcnv.edu
christina.bradford@gbcnv.edu

Semester Enrollment Agreement Form

- This document must be completed and returned to the Veterans Affairs School Certifying Official (SCO) at Great Basin College before you can be certified and receive VA educational benefits each semester.
- Submitting this form authorizes the VA SCO to work on your behalf with processing of VA Education benefits and agree to all VA and GBC Standard of Progress & Conduct Policies.

Last Name	First Name	Middle Name	Student ID #

Address	City	State	Zip Code

Date of Birth	Phone Number	Email

** If information has changed since last attendance date, please additionally update with the Admissions & Records office.*

VA Education Benefit Chapter (Check One)

___Chapter 30: Montgomery (MGIB-AD)
___Chapter 32: Veterans Education Assistance Program (VEAP)
___Chapter 1606: Selected Reserve (MGIB-SR)
___Chapter 35: Dependents' Education Assistance (DEA)
___Chapter 31: VR&E
___Chapter 33: Post 9/11
___Chapter 1607: REAP

Degree Program Objective	Semester & Year Attending	Campus Location Attending

- Did you previously use your VA Education Benefits at another institution? ___Yes __No
  If yes, where_____
- I understand I must provide a copy of my Certificate of Eligibility to the SCO_____ (initial)
- I understand that I must maintain Satisfactory Academic Standards (above 2.0 GPA and complete 100% of courses taken) to avoid Warning Status and VA Suspension._____ (initial)
- Students must provide official transcripts from all previous institutions, regardless of VA education benefit usage. Repeat courses cannot be certified and are the student's financial responsibility. Failure to submit transcripts may result in a delayed certification and benefits processing._____ (initial)
- I understand that the VA does not pay out of state tuition fees and it is my responsibility to pay for the fees out of pocket if applicable. _____ *(*initial)
- I understand that I must notify the VRC SCO of any enrollment changes and am responsible for overpayments or stipend changes caused by negligence. I also understand that courses must apply to my degree plan to qualify for VA benefits._____ (initial)
- I certify that the information on this enrollment agreement form and any supporting documentation submitted is true and correct. _____(initial)

Student Signature: _____ Date: _____

For Current VA education benefit rates, please go to ----> https://www.va.gov/education/benefit-rates/?postLogin=true