



Veterans & Dependents Request for Certification



SCO Certification Request Form

This document must be completed and returned to the Veterans Benefits School Certifying Official (SCO) at Great Basin College before you can be certified and receive VA educational benefits each semester. Submit this form as soon as you register for classes.

Please Print Clearly

Section I: Student Information

Last Name	First Name	Middle Name	GBC Student ID #	
Address		City	State	Zip Code
Social Security Number	Date of Birth	Email Address		

Section II: VA Benefit Chapter

- Chapter 1606: G.I. Bill® Selected Reserve
- Chapter 1607: REAP
- Chapter 30: Montgomery G.I. Bill®
- Chapter 31: Vocational Rehabilitation and Employment
- Chapter 32: Veterans Education Assistance Program
- Chapter 33: Post 9/11 G.I. Bill®
- Chapter 35: Survivor's/Dependents' Education Assistance

**If Chapter 35, SSN of Veteran (required to certify) _____*

I understand I must provide a copy of my Certificate of Eligibility to the SCO _____ (please initial)

Primary Major (Emphasis)	Term & Year Attending	Campus Attending

Please note, if changing your declared major, you must complete V.A. form 22-1995 for veterans or V.A. form 22-5495 for dependents (Request for Change of Program/Place of Training) and submit this form to the VA and the SCO. Chapter 31 veterans must contact their case manager and notify the SCO. _____ (please initial)

Veterans Resource Center
1500 College Parkway, Elko NV 89801
Phone: 775-753-2310 Fax: 775-753-2390
SCO email: Jennifer.Koopman@gbcnv.edu



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Section IV: Statements of Understanding

The VA will only pay for classes applicable towards your degree and will not pay for remedial courses unless the recipient tests into them. Placement testing is required for English and Math, the VA will not pay for the Challenge Course Fee. The VA requires enrollment in remedial courses to have an in-person component or the VA will not pay for the remedial course. _____ (please initial)

I understand that a grade of "F", "W", "I" or "Audit" may result in reduced payment from the VA and that 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 I will need to get my GPA back up to 2.0 to avoid suspension and I may be required to meet with my Advisor. _____ (please initial)

I understand that courses of the other-than-normal semester term length may be paid at a different rate based on the dates and length of the course. 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 SCO and the VA Regional Processing Offices' workloads. _____ (please initial)

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. _____ (please initial)

Chapter 33 ONLY _____ (please initial)

I understand that if I elect to be paid under chapter 33 the decision is irrevocable and may not be changed. I understand that under chapter 33 I will be eligible for the monthly housing allowance only if I am enrolled in 7 credits or more. To receive full payment I must be enrolled in 12 credits and attend one live class.

Chapter 30 and 1606 ONLY _____ (please initial)

I understand that I must self-certify my enrollment at the end of each month (for chapters 30 and 1606).

I understand I am legally liable for any overpayment to the VA or any tuition and fees not covered by the VA. I understand if it is determined that I am not eligible for VA benefits, it is my responsibility to pay the full amount of any unpaid tuition and/or fees associates with my registration. _____ (please initial)

My signature constitutes my permission to release any or all information about records to the department of Veterans Affairs or their appointed agent for the purpose of obtaining veterans benefits. I certify that the information submitted on this form is true

Print Name: _____

Student Signature: _____ Date: _____

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