



**Veterans & Dependents
Request for Certification**
Veterans Resource Center
1500 College Parkway, Elko NV 89801
Phone: 775-753-2310 Fax: 775-753-3531
SCO email: Jennifer.Koopman@gbcnv.edu



Semester Enrollment 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.

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

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

VA Benefit Chapter

- ☐ Chapter 30: Montgomery G.I. Bill® ☐ Chapter 31: VR & E
☐ Chapter 32: Veterans Education Assistance Program ☐ Chapter 33: Post 9/11 G.I. Bill®
☐ Chapter 1606: G.I. Bill® Selected Reserve ☐ Chapter 1607: REAP
☐ Chapter 35: Survivor's/Dependents' Education Assistance

Major/Degree Program *	Semester & Year Attending	Campus Attending

* 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 a copy of this form to the SCO.
Admissions & Records office additionally needs to be notified of the change _____ (please initial)

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

Did you previously use your VA Education Benefits at another institution? Y N If yes, where _____
It is your responsibility to provide official transcripts for all previous training. Failure to do so may result in suspension of educational benefits by the VA _____ (please initial)

I certify the information contained on this enrollment form and any supporting documentation submitted is true and complete to the best of my knowledge. I further certify that I will notify the SCO at the Veterans Resource Center of *any changes* to my status and that I am legally liable for any overpayments resulting from negligence. I also certify that all of my course are required for my degree plan.

Student Signature: _____ Date: _____