



BCCC VA Enrollment Certification Request

Instructions: Read carefully and complete each section. Submit this form each semester, after you have officially registered for classes. **Include a copy of your Certificate of Eligibility (COE) from the VA if not already submitted previously.**

Enrollment Term: _____

Are you a new student? ☐ Yes ☐ No

First Name: _____

Last Name: _____

Student ID #: _____

Phone Number: _____

Personal Email: _____

Are you currently on Active Duty: ☐

Major/Program: _____

☐ Degree ☐ Certificate ☐ Other

VA EDUCATION BENEFIT TO BE RECEIVED

- ☐ Chapter 33 – Post 9/11 GI Bill® | _____% Eligibility
- ☐ Chapter 33 – Post 9/11 GI Bill® Transfer of Entitlement to Spouse and Dependents | _____% Eligibility
- ☐ Chapter 30 – Montgomery GI Bill® Active Duty (MGIB-AD)
- ☐ Chapter 31 – Veteran Readiness and Employment Program (VR&E)

Purchase Order (PO) Number: _____

- ☐ Chapter 32 – Veterans Educational Assistance Program (VEAP)
- ☐ Chapter 35 – Survivors' and Dependents' Educational Assistance Program (DEA)
- ☐ Chapter 1606 – Montgomery GI Bill® Selective Reserve (MGIB-SR)
- ☐ Chapter 1607 – Reserve Educational Assistance Program (REAP)

Check here if you are a spouse or dependent: ☐

Have you previously received VA education benefits? ☐ Yes ☐ No

If yes, are you a transfer student? ☐ Yes (*must complete 22-1995*) ☐ No

Please read and **initial** the following requirements:

_____ If not completed already, I will submit a copy of my COE to BCCC Veterans Services.

_____ I must notify BCCC Veterans Services of any changes to my class schedule after submitting this form.

_____ I understand that the VA will only certify classes required for my program.

_____ I understand that it is my responsibility to be present for **all** courses and any unsatisfactory grade, withdrawal, audit, or incomplete status can result in a VA debt.

_____ I am responsible for any portion of the tuition, fees, and books not covered by my VA benefits.

_____ I understand 12 credits are equivalent to full-time enrollment during the fall and spring semester, and if I drop below 12 credits for any reason during the semester, this will impact my VA benefits.

_____ I understand that I must submit this form before every semester that I wish to receive VA benefits.

Student Signature: _____ Date: _____

Email completed form to vabenefits@bccc.edu