

LBCC VETERANS ENROLLMENT VERIFICATION FORM

Summer Term 20_____

Name: _____ **Student ID #:** _____ **DPP:** Yes
No

Mailing Address: _____ **City:** _____ **ST:** ____ **Zip:** _____

Phone: _____ **Email:** _____ **Major:** _____

Circle the type of Veteran's Educational Benefits you are receiving

CH 30
MGIB

CH 31
Voc Rehab

CH 33
Post 9/11

CH 1606
Active Guard

CH 35
Survivors/
Dependents

CRN	Subject & Course (e.g. - WR 121)	Course Name	Credits	Start	To	End	#of Wk
					To		
					To		
					To		
					To		
					To		
					To		
					To		
					To		
					To		
					To		

- I understand I am certified for only the courses that are required for my declared degree and both the Admissions Office & the Veterans Office must have the same declared degree on record.
- I understand that only eligible classes listed on the Verification Request form are certified to the VA.
- Non-required classes are only certified with Advisor approved Course Substitutions. Documentation required.
- It is the student's responsibility to notify the LBCC Veterans of any schedule changes.
- All classes are certified from start to ending dates. This could impact your enrollment status during certain parts of the term.

Signature: _____ **Date:** _____