

***** This Form Must Be Submitted Each Term *****

Academic Term: Fall _____ Winter _____ Spring _____

No

Name: _____ **Student ID:** _____ **DPP:** Yes

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

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

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

CH 30
MGIB

CH 31
Voc Rehab

CH 33
Post 9/11

CH 1606
Selected Reserve

CH 35
Survivors/
Dependents

Full Term Course(s)

CRN	Subject & Course <small>(e.g. WR 121)</small>	Course Name	Credits

Partial Term Course(s)

CRN	Subject & Course <small>(e.g. WR 121)</small>	Course Name	Credits	Start	To	Ending
					To	
					To	

- I understand I will be 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 will be certified to the VA.
- It is the student's responsibility to notify the LBCC Veterans of any schedule changes, including adding and/or dropping classes.
- All classes will be certified from their start to end dates. This could affect your enrollment status during certain parts of the term.

Signature: _____ **Date:** _____

LBCC Comprehensive Statement of Nondiscrimination

LBCC prohibits unlawful discrimination based on race, color, religion, ethnicity, use of native language, national origin, sex, sexual orientation, gender, gender identity, marital status, disability, veteran status, age, or any other status protected under applicable federal, state, or local laws. For further information, see [Board Policy 1015](#). Title II, IX, & Section 504: Scott Rolen, CC-108, (541) 917-4425; Jill Childress, jill.childress@linnbenton.edu, LBCC, Albany, Oregon.

To report: linnbenton-advocate.symplcity.com/public_report