

LBCC ENROLLMENT VERIFICATION FORM

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

Academic Term: Fall _____ Winter _____ Spring _____

Name: _____ Student ID: _____ DPP: No 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 (e.g. WR 121)	Course Name	Credits

Partial Term Course(s)

CRN	Subject & Course (e.g. WR 121)	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: _____