

Bristol Community College Veterans Affairs Certification Information

The information you provide on this form will be used to prepare your enrollment certification for the Department of Veterans Affairs. In order to process your certification, all fields must be completed and the form must be signed. Since your benefits will be based on the number of credits you indicate on this form, we are required to report any subsequent changes to your enrollment (e.g. number of credits) to the Department of Veterans Affairs. To ensure your eligibility and avoid billing discrepancies, you are expected to report any changes in your enrollment status, immediately, to the College's VA Certifying Official.

Are you covered by health insurance? Yes No

Do you want/need the school health insurance*? Yes No

*Students enrolled in 9 or more credits must have health insurance. If you are covered by health insurance, you **MUST** waive the school insurance through your AccessBCC account.

Are you using a tuition waiver in addition to GI Bill Benefits? Yes No

File#: _____ Benefit/Chapter: _____ Student ID#: _____

Name: _____ SSN: _____ Primary Phone: _____

Primary Email: _____ Are you a new or returning student? _____

Street Address: _____ City: _____ State: _____ Zip: _____

Has your address changed since the last time you were certified Yes No

What is your degree program/major? _____ Have you changed your program? Yes No

VA educational benefits require you to be enrolled in a VA approved certificate or degree program to be eligible.

Please Indicate the Number of Credits for which you have registered during each Session/Semester below.
You will be certified for the number of credits you indicate below, any changes may affect your benefits.

Summer 2019		Fall 2019
6 Week Session I (6/3/19-7/14/19) Number of Credits _____	6 Week Session II (7/15/19-8/25/19) Number of Credits _____	Number of credits _____
11 Week Session (6/3/19-8/22/19) Number of Credits _____	13 Week Session (5/28/19-8/26/19) Number of Credits _____	

By signing below,

- I am indicating that all information is, to the best of my knowledge, factual.
- I understand my rights and responsibilities under my Veterans Educational program.
- I understand that if I earn a grade of "F" "W" or "I" in any course, my account may reflect an overpayment.
- I know that if I do not maintain satisfactory progress toward graduation, I may become ineligible for future VA benefits.
- I will ensure that I enroll in courses that will apply to my program of study/major.
- I know that I am responsible for reporting any changes in my academic status to the VA Certifying Official.
- If my benefit chapter does not pay the school directly, I agree to pay my bill or arrange a payment plan by the due date to avoid my courses being deleted.
- I understand if there is a remaining balance on my bill after the VA pays that I am responsible for paying that amount.

Signature: _____

Date: _____