

Enrollment Certification Request

This form **MUST** be completed each semester to ensure proper certification.

The following is for NVC Veteran Services use. For benefit purposes, changes to your personal information after your initial certification must be updated through <https://ask.va.gov/>.

Full Name (Last, First MI):	Student ID #:
Phone #:	E-Mail:
Alternate phone # (Optional):	Alternate E-mail (Optional):

Required Only for Initial Certification at NVC

Address: Street Number, Street, and Apt #	City	State	Zip code
Student Social Security Number:	Student Date of Birth:	CH 35 Only - Veterans' VA File # or SSN:	

VA Education Benefit Chapter

Check One

- | | |
|--|--|
| <input type="checkbox"/> CH 30 (MGIB) | <input type="checkbox"/> CH 35 (Dependent) |
| <input type="checkbox"/> CH 33 (Post-911 GI Bill®) _____ % | <input type="checkbox"/> CH 1606 (Reservists/Guard) |
| <input type="checkbox"/> CH 33T (Post-911 GI Bill®, Transfer of Entitlement) | <input type="checkbox"/> CH 31 (Veterans Readiness and Employment) |

Educational Objective

- AA
 AS
 AA-T
 AS-T
 Certificate
 BA/BS/Transfer

Major: _____ Transfer School: _____

Semester: Fall Spring Summer Year: _____

Have all the classes you are requesting for certification for been added your Self Service education plan by a counselor?

- Yes No Counseling Appt Scheduled

Classes Requested for Certification

Course name and number (e.g. ENGL-120, MATH-95)	Units	Start Date	End Date	Official Use Only (VERIFIED BY)

Certifying Information

Have you turned in all prior college-level transcripts* to NVC?

Yes No N/A Pending

*Includes military transcripts such as [JST](#) and [CCAF](#)

Are you on academic probation or dismissal?

Yes No I don't know

What best describes the last time you met with an NVC education counselor?

Within the last two weeks. Within the last four months. More than four months.
 Appointment Scheduled Other: _____

Statement of Understanding of Veterans Education Benefits

Please read the following statements and initial in the spaces provided.

I Understand That...

____ **Each term I must submit an Enrollment Certification Request (ECR) form.**

Failure to do so may result in a delay in my benefits payment. It may take 4 to 6 weeks for my certification to be processed.

____ **Any changes in my enrollment or personal data must be reported IMMEDIATELY to the Napa Valley College (NVC) Veteran Services Office.**

Grades of W (Withdrawal), F (Fail), NP (No Pass) and I (Incomplete), as well as a lack of participation in class, may result in a reduced payment or overpayment/debt from the VA and/or tuition and fees owed to NVC.

____ **The only classes that will be certified are the classes listed on my most recent Educational Plan by a counselor and that lead to an approved degree, certificate, or transfer program.**

I understand that the VA does not pay for courses which I have previously received credit, recommended courses, challenged courses, or any class that is not part of my education plan. Classes must be approved by an NVC Counselor.

____ **I am responsible for paying any tuition and fees not covered by the VA or other sponsors and for ensuring that all required documentation is submitted for coverage.**

Chapter 33 and 31 students who submit a Certificate of Eligibility to NVC Veteran Services will have a "Safe Code" assigned to their account to prevent classes being dropped before they are paid for by the VA.

If I am eligible for a SAFE Code and it does not appear in my NVC Self-Service notifications, I should inform the Veteran Services Office as soon as possible. Students in their initial semester or enrolling after having been absent for a year or more are required to turn in their ECR before the Safe Code is applied.

____ **My rate of pursuit or enrollment status determines the amount of my monthly benefits.**

Payment rates are available through the GI Bill® website at www.gibill.va.gov. Short-term classes are reported to the VA according to their beginning and end dates and this may affect my VA Education Benefits.

I HAVE READ, UNDERSTAND, AND AGREE WITH EACH OF THE STATEMENTS LISTED ABOVE. ADDITIONALLY, I CONFIRM THAT THE CERTIFICATION INFORMATION LISTED IS TRUE AND CORRECT.

BY SIGNING THIS FORM, I AUTHORIZE MY CERTIFICATION WITH THE DEPARTMENT OF VETERANS AFFAIRS (VA) AS WELL AS THE RELEASE OF ANY AND ALL INFORMATION CONCERNING MY VA BENEFITS, CLASS SCHEDULE, GRADE REPORTS (TRANSCRIPTS), AND PERTINENT PERSONAL INFORMATION TO COLLEGE DEPARTMENTS, INSTRUCTORS, VA AND RELEVANT OFFICES.

Signature: _____ Date: _____

Submit completed form to the Veteran Services Office, Building 1200, Room 1233 or through DocuSign.

"GI Bill®" is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government website at www.benefits.va.gov/gibill.