



BERKELEY CITY COLLEGE
VETERAN SERVICES

Initial Enrollment Certification Request Form

Name:	VA File Number:	Student ID#:
Address:	Home Phone:	Other Phone:
City, State and Zip:	Email Address:	

I am applying for Veteran Education Benefits under the following Chapter:

- Chapter 30 – Montgomery GI Bill®
- Chapter 31 – Vocational Rehabilitation Program (Voc Rehab)
- Chapter 32 – VEAP (Veterans Educational Assistance Program)
- Chapter 33 – Post 9/11 GI Bill®
- Chapter 1606/1607 – MGIB Selected Reservist
- Chapter 35 – DEA [Survivors’ and Dependents’ Educational Assistance Program – includes dependents of deceased or 100% disabled (service connected) veterans]

Are you an active duty veteran? Yes No

Are you an out-of-state student? Yes No

Is this the first time you will be utilizing your veteran educational benefits? Yes No

If yes, did you submit your VONAPP application online to the Department of Veteran’s Affairs? Yes No

If no, please list the colleges, other than Peralta, that you have attended. _____

Please note: You must submit all official transcripts in order to be certified. If previously attended college at another institution you are required to fill out a Change of Program/Place of Training Form 22-1995 for the Veteran or Form 22-5495 for the VA dependent.

CERTIFICATION FOR: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer YEAR: _____
Total Units (indicate number of units at each college): _____ BCC _____ COA _____ Laney _____ Merritt
Have you met with our college Veteran counselor to complete or update a SEP (Student Educational Plan) for this current academic term: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(All students participating in the Veterans Affairs program here at BCC are required by the Dept. Of Veterans Affairs to meet with an academic counselor and create a SEP that outlines the courses you will be taking here to meet your educational goal)</small>

I certify that the above information is true and correct. I am officially enrolled in courses and understand that I must attend these classes regularly and for the entire semester and that failure to do so could result in changes to my benefits. I understand that it is my responsibility to withdraw from any of my courses, it’s not the instructor’s responsibility. My instructors can drop me from their classes if they choose and I understand that it could result in me receiving a punitive mark on my transcript. I also understand that I must report any changes in my class schedule to the Veteran’s Services office immediately so that these changes can be reported to the Veterans Administration Department.

Signature of Veteran or Veteran Dependent

Date Signed

“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 Web site at <https://www.benefits.va.gov/gibill>.”