



Berkeley City College Office of Veterans Affairs

ENROLLMENT CERTIFICATION REQUEST FORM

NAME			VA FILE or SSN NUMBER	STUDENT ID#
ADDRESS			HOME PHONE	OTHER PHONE
CITY	STATE	ZIP	EMAIL ADDRESS	



I AM APPLYING FOR VETERAN BENEFITS UNDER THE FOLLOWING CHAPTER:

- CHAPTER 30: MONTGOMERY GI Bill
- CHAPTER 31: VOCREHAB-Vocational Rehabilitation Program
- CHAPTER 32: VEAP -Veterans Educational Assistance Program
- CHAPTER 33: POST 9/11 GI Bill
- CHAPTER1606/1607: MGIB Selected Reservist
- CHAPTER 35: DEA - Survivors' and Dependents' Educational Assistance Program
(Includes Dependent of Deceased or 100% Disabled (Service Connected) Veterans)

Are you 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 Dept. Veterans Affairs? Yes No



CERTIFICATION FOR: FALL SPRING SUMMER YEAR: _____

Total Units (indicate number of units at each college): ___ BCC ___ COA ___ Laney ___ Merritt

If you are currently enrolled at other colleges, you need to decide who is your primary institution based on your major.



Have you met with our college counselor to complete or update a SEP (Student Education Plan) for this current academic term: Yes If yes, please attach a copy No (see below)

(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)



Are you a continuing student from last semester? Yes No

If yes, you do not need to answer the remaining questions below; just sign & date below.



Have you previously attended any other colleges? Yes No

If yes, please list the other colleges other than the Peralta Colleges that you have attended:

(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)



Have you taken the Assessment Test here at BCC? : Yes No

If not, have you completed assessment testing at another institution in the last 3 years or have transcripts that can show college level courses with a grade of "C" or higher? Yes No

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, and even though my instructor's 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 Affairs office immediately so that these changes can be reported to the Veterans Administration Department.

SIGNATURE OF VETERAN OR VETERAN DEPENDENT

DATE SIGNED