Military Benefit Enrollment Certification Request

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<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
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<tr>
<td>Date of Birth</td>
<td>Social Security Number</td>
<td>Student I.D.</td>
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<td>Address</td>
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<td>Home Phone Number</td>
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Please check one: I am the

- [ ] Veteran
- [ ] Veteran’s Spouse
- [ ] Veteran’s Dependent
- [ ] Active Duty

My educational goal/major is: ___________________________ Semester to be certified: ____________

I am applying for benefits under:

- [ ] Chapter 30 - Montgomery GI Bill®
- [ ] Chapter 31 - Veterans Readiness and Employment
  * Must provide VR&E Counselors Email: ____________________________
- [ ] Chapter 33 - Post 9/11 GI Bill®
  * Percentage Rate: _____ %  Estimated Remaining Entitlement: ____________
- [ ] Chapter 35 - Survivors’ and Dependents’ Educational Assistance
  * Chapter 35 must provide your VA File Number: ____________________________
- [ ] Chapter 1606 - Montgomery GI Bill® Selected Reserve
- [ ] Tuition Assistance

Check one:
- [ ] New Student (First Semester in College)
- [ ] Returning Student
- [ ] Transfer Student Last College/University Attended:

Have you been awarded any scholarships that are to be used at Galveston College?

It is the policy of Galveston College to provide equal opportunities without regard to age, race color, religion, national origin, gender, disability, genetic information, or veteran status.
Are you classified as an Out of State Resident?  □ Yes  □ No
*If yes, be sure to ask about the Intent to Make Texas Permanent Residence waiver.

Branch of Service: __________________________________________________________

Are you repeating any courses?
*If yes, please list the name of the course(s) and a brief statement as to why you are repeating.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Attach documents needed for processing, if applicable to the benefit you are requesting to be certified:

DD 214                                      Certificate of Eligibility

If you do not have a copy of your Certificate of Eligibility, you may ask the Financial Aid Office about a Tuition Deferment. Visit https://gc.edu/financial-aid/tuition-deferment/ for more information.

List ALL educational institutions beyond high school you have attended (including Galveston College). If you have not attended other colleges, write NONE.

<table>
<thead>
<tr>
<th>College or Institution Attended</th>
<th>Credit Hours</th>
<th>Dates Attended From</th>
<th>Dates Attended To</th>
<th>Degree Received</th>
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________ I am eligible to receive GI Bill® educational benefits and request Galveston College to certify my enrollment acceptable to my degree requirements.

________ I understand that I am responsible for the cost of any courses that do not fall within my current degree plan.

It is the policy of Galveston College to provide equal opportunities without regard to age, race color, religion, national origin, gender, disability, genetic information, or veteran status.
I understand that I, the service member, must speak to my Education Service Officer (ESO) or counselor within my branch prior to enrolling at Galveston College.

I understand that questions regarding my enrollment, financial aid, and/or tuition assistance should first be directed to the Financial Aid and Veterans Affairs Assistant in the Financial Aid Department.

I am not repeating any courses previously taken and completed except as permitted by V. A. regulations.

I will notify Galveston College Financial Aid Office of any changes to my enrollment, address, status or major.

I understand that all academic records and enrollment registration may be held if all financial obligations to the college are not settled in a timely manner;

I understand that if I do not receive the education benefit checked above that I am still required to pay all tuition and fees to the IHE I am attending and withdrawal after the first day of classes does not eliminate this obligation.


I understand that if I am eligible for Dependent’s Educational Assistance, Chapter 35, that the school will not be able to certify my enrollment without my VA File number issued to me by the Department of Veterans Affairs, or the veterans’ social security number. This will delay processing of benefits.

I am aware that some programs require additional requirements or conditions that are required to obtain professional credentials and/or licensure necessary to be able to obtain employment in that field. Visit www.gc.edu, click on Current Catalog, in the Whitecaps Toolbox.

I understand that I may contact the Financial Aid and Veterans Affairs Assistant for your questions regarding GI Bill®, scholarships, tuition assistance, student and private loans.

I assume FULL responsibility for reimbursement of funds to Galveston College or the V. A., should an overpayment occur as a result of certifications. I understand that I am responsible for all charges not covered by the Veterans Affairs, or other veterans’ benefits, such as but not limited to the Hazlewood Exemption.

If I used my GI Bill® at another school, I understand that I am required to complete a VA Form 22-1995 online, if I am the veteran, a VA Form 22-5495 online for dependents/spouse. These forms are to Request for Change Place of Program or Training.

Signature Date

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