

North Idaho College Veteran Certification Form

Name _____ Social Security Number _____

Student ID Number _____ Branch of Service _____

In order to avoid payment or mailing problems it will be your responsibility to keep the VA and NIC Campus Veterans Office informed of changes in your address and phone number.

Address _____
Street City State Zip

Phone Number _____
Daytime Evening

Check boxes for ALL SEMESTERS you wish to claim GI Bill benefits.

12 cr = full, 9-11 cr = $\frac{3}{4}$, 6-8 cr = $\frac{1}{2}$ time

- | | |
|--------------------------------------|-------------------------|
| <input type="checkbox"/> Summer 2015 | Number of Credits _____ |
| <input type="checkbox"/> Fall 2015 | Number of Credits _____ |
| <input type="checkbox"/> Spring 2016 | Number of Credits _____ |

STATEMENT OF UNDERSTANDING – PLEASE READ AND SIGN BELOW

1. I must report my registration and changes in my enrollment to my Veterans Coordinator each semester or session I am enrolled.
2. I must be enrolled in an approved program of study that leads to a standard college degree. I do not expect to be paid by the VA for classes previously passed.
3. I will ensure that the classes I am taking are **required** in my program of study and I understand that I must make satisfactory progress toward graduation.
4. I understand that all of my college and military transcripts must be received by the end of the second semester or my courses for the third semester cannot be submitted to the VA.
5. I understand that grades of I and F reported with “last date of attendance” must be reported to the VA and will probably result in a reduced payment from the VA or a debt to the VA.
6. I understand that courses for which an “I” (incomplete) is awarded must be completed by the 6th week of the subsequent semester (excluding summer). Otherwise, my entitlement for benefits for that course may be reduced and may result in overpayment.
7. I understand that classes scheduled to meet for less than the normal semester term dates may be paid at a different rate based on the number of credits and the length of the class.
8. I understand that payment for developmental (remedial/deficiency) classes will not be allowed unless need for such class(es) is established by a placement test or documented by a counselor. **I understand the VA will not pay for remedial courses offered solely online (Internet).**
9. I understand that the VA will hold me responsible for any overpayment of my education benefits.
10. I understand that if I repeat a course and do not pass, the initial course may be reported to the VA as non-punitive and most likely result in a debt to the VA.
11. I understand that if I am a POST 9/11 GIBill recipient it is my responsibility to complete the NIC Veteran’s Educational Assistance Form and return the form to Student Accounts before tuition and fees are due. If the form is not turned in I will be dropped from my courses for nonpayment.
12. I understand that if I am a POST 9/11 GIBill recipient I must be enrolled in at least seven credits in order to receive any BAH. I also understand that I must be enrolled in at least one credit that meets on campus to qualify for the standard BAH.

I declare the information in this application to be accurate and wish to apply for VA benefits at North Idaho College.

Signature _____ Date _____