

North Idaho College Veteran Certification Form

Name _____ Social Security Number _____

Student ID _____ Branch of Service _____

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

Address _____
Street City State Zip

Phone Number _____
Daytime Evening

Please read and initial:

_____ I understand my enrollment certifications will be submitted to the VA unless I notify the Veterans Coordinator otherwise.

_____ I understand not all of my classes may qualify for VA benefits. Final certification will be determined by the Veterans Coordinator.

_____ I understand that if my tuition and fees are not fully covered by the VA, I am responsible for paying any remaining account balance. Also, a hold will be placed on my account until all charges are paid in full.

STATEMENT OF UNDERSTANDING – PLEASE READ AND SIGN BELOW

1. I must report changes in my enrollment to the 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 or certificate. 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 NIC.
5. I understand that grades of I (Incomplete) and F may be reported to the VA and may 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 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 am a POST 9/11 GI Bill 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 _____