

Student Name: _____

ID#: _____

Address*: _____

Phone: _____

*If this is a new address and/or phone number you must update this information through WebAdvisor.

Indicate the chapter of education benefits you are applying for. Select ONLY one:☐ Chapter 30☐ Chapter 33 or Transfer of Entitlement☐ Chapter 1606☐ Chapter 31☐ Chapter 35☐ Chapter 1607**PRIOR EDUCATION AND TRAINING**☐ I have served in the United States Military in the following branch: _____☐ I have **NOT** attended any other colleges besides Clovis Community College, Fresno City College, Madera Center, Oakhurst Center or Reedley College.☐ I have attended the following college(s)*:

Name of College	Dates Attended	Number of Units Attempted	Degree/Certificate Earned	Official Transcript on File

*You must submit official academic transcripts from each school listed above to Clovis Community College-Evaluations for review/evaluation PRIOR to an enrollment certification being completed. In some instances we can waive this requirement for ONE semester. If you would like us to consider waiving this requirement for one semester **please initial** next to the following statement.

ONE SEMESTER WAIVER FOR TRANSCRIPT EVALUATION: _____ (Student Initial):

I am requesting that Clovis Community College waive the transcript evaluation requirement and certify my Veterans Education Benefits prior to a complete or official review of all of my prior education or training transcripts. **I understand that this waiver is good for one semester only and that no further certifications will be submitted until all of my transcripts have been officially evaluated.** I further understand that once my official prior education and training evaluation is complete it may be necessary to adjust my enrollment certification which may mean that I must pay back the VA benefits I have received.

CERTIFICATION INFORMATION:

I am requesting my enrollment certification be sent to the VA for (select one of the following options):

☐ **OPTION 1:** The entire academic year: Summer/Fall/Spring for the _____ Academic Year☐ **OPTION 2:** **ONLY** the specified semester(s) marked:☐ Summer _____☐ Fall _____☐ Spring _____

I understand I must complete this form in order for my enrollment to be certified. I certify that the information reported above is true and correct. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of benefits. I understand that it is my responsibility to request official transcripts from each school previously attended. I further understand that it is my responsibility to verify the receipt and evaluation of all transcripts with Clovis Community College-Evaluations. Failure to do so may cause a delay in the processing of my enrollment certification.

Student Signature: _____

Date: _____

Please **read and initial** next to each of the following Terms of Agreement. These policies and regulations will be used while administering your Veterans Education Benefits at Clovis Community College.

_____ I understand that Veterans Administration (VA) regulations require that ALL prior college and military training be evaluated for possible credit. I have requested official academic transcripts from all previous educational institutions I have attended be sent to Clovis Community College. I understand that my Veterans benefits may not be certified until Clovis Community College has received and evaluated ALL of my previous official academic transcripts.

_____ I understand that the VA requires that I declare a single approved educational objective (major) with Clovis Community College prior to being certified for classes (please see the current college catalog for a list of approved majors). I further understand that the major I declare with the VA must match the major I have declared with Clovis Community College.

_____ I understand that I will only be certified in classes that are **required** to complete my current education objective, and that if I choose to repeat a course for a better grade that it will only be certified if my current educational objective requires I repeat the course.

I understand that my school issued e-mail address is the primary means by which the school will communicate with me, and that it is **my responsibility** to check this e-mail account regularly.

_____ I understand that VA regulations require that I maintain a ***semester GPA of at least 2.0 and must complete at least 51% of all units attempted***. If I fail to meet these requirements for three consecutive semesters I understand that my benefits will be terminated. In the event that my benefits are terminated I understand that I will not be eligible to apply to have my benefits reinstated until one semester, excluding the summer session, has elapsed. If I am academically disqualified from receiving Veterans benefits I understand that my reinstatement and future benefits are contingent upon the college readmission policy outlined in the current college catalog.

_____ I understand that if I choose to take short-term classes that I will be certified for the actual length of the course.

_____ I understand that if I receive an "F" grade in a class that I will be required to prove my actual last date of attendance in that class. If I receive an "F" grade in a class it is likely that I will be required to repay all or a portion of the benefits I received for that semester based on my last day of attendance.

_____ Students are ultimately responsible for all debt incurred at Clovis Community College including but not limited to Enrollment, Health, Parking Permit, Lab fees and Out-of-State tuition fees.

_____ **I understand that any change may impact my Veterans Education Benefits** and therefore it is my responsibility to notify the **Veterans Counselor** if I: add or drop a class, withdraw from school, change my address, enroll in classes at another college, change my major, and/or am called to active duty.

_____ I understand that if I am receiving Chapter 30, 1606, or 1607 benefits that I am required to verify my continued enrollment with the VA on a monthly basis. I may do so online at <https://www.gibill.va.gov/wave> or via the telephone by calling 1-877-823-2378 no sooner than the last calendar day of each month. I understand that the VA will not send my monthly benefit check if I do not do this.

I have read and agree to the above outlined terms of agreement. I understand that these regulations and polices will be used to administer my veterans education benefits at Clovis Community College.

Student Signature: _____

Date: _____

Student Name (Printed): _____

ID#: _____