2024-25 VA EDUCATION BENFEFITS ACKNOWLEDGMENT FORM

STUDENT INFORMATION	
Last Name:	First Name:
Student ID #:	Email:
Program of Study:	Chapter:

Please certify that you have read and understand the following:

— I understand that any benefits I receive are determined by the VA, and I must be enrolled in an eligible program, leading to a degree or certificate at Lower Columbia College.

— I understand the classes taken each quarter must be required to complete my declared academic program to be eligible for VA Education Benefits.

— I understand I must submit **official** copies of **all** previous college transcripts (including Joint Services Transcripts if applicable) to the Lower Columbia College (LCC) Registration Office **before** I am eligible to be certified to receive VA Education Benefits. I also understand that failure to comply with this requirement will delay all certifications until completed.

— I understand that LCC cannot certify **online** remedial courses per VA guidelines. This is generally any course numbered **below** 100 level. Students are eligible for applicable **in-person** remedial courses.

— I understand that I must report to LCC's School Certifying Official if I withdraw from one or more classes, and I may be assessed an overpayment if my enrollment status changes.

— I agree to **immediately** report **any** changes to my name, address, or any other contact information to LCC's School Certifying Official.

— During any quarter, if I cancel my enrollment after LCC has already processed my certification and the VA disbursed payment, I understand that I may be required to repay funds as determined by the VA.

— I understand that in order to have my enrollment certified with the VA each quarter, I must submit a *Quarterly Enrollment Certification Request.*

Attach Certificate of Eligibility 📎	Attach DD-214 (if applicable) 📎

I affirm that the information provided on this form and any other documents provided are true, complete, and correct to the best of my knowledge.

Student's Signature: _____ Date: _____