



2025-26 QUARTERLY ENROLLMENT CERTIFICATION REQUEST

STUDENT INFORMATION

Last Name:	First Name:
Student ID #:	Email:
Program of Study:	

In order to receive benefits, students must submit a Quarterly Enrollment Certification Request once enrolled in classes. This informs Lower Columbia College's School Certifying Official (SCO) that you have enrolled in classes and that you authorize the use of your VA Education Benefits for the quarter indicated below. Please submit this form **after** you have registered for your classes each quarter to ensure timely processing of your benefits.

Select the quarter you are requesting to have your benefits certified:

<input type="checkbox"/> Summer 2025	<input type="checkbox"/> Fall 2025	<input type="checkbox"/> Winter 2026	<input type="checkbox"/> Spring 2026
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- ☐ I verify I registered for my classes.
- ☐ I verify I met with an Advisor and notified them that I am using VA Education Benefits, so we could ensure all classes were required for my current program of study.
- ☐ I understand I must submit **official** copies of **all** previous college transcripts (including my Joint Services Transcript if applicable) to the 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 my certification until completed.
- ☐ If I am a Veteran, I understand that my **Basic Training** will transfer in toward any required PE - Physical Education course required as a general elective once my Joint Services Transcript is reviewed.
- ☐ I understand that Lower Columbia College (LCC) cannot certify **fully online remedial courses** per VA guidelines. This is generally any course numbered below 100 level. VA Education Benefit students **are eligible** for applicable **in-person remedial courses**.
- ☐ I understand, if I make any changes to my schedule after submitting this form, I must notify the SCO of these of the changes immediately at va@lowercolumbia.edu.
- ☐ I authorize LCC's SCO to report my enrollment for the requested quarter to the Department of Veterans Affairs.
- ☐ I accept responsibility for any overpayment of benefits resulting from changes in my enrollment status.

I certify this information is complete and correct.

Student's Signature: _____ **Date:** _____

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