



Financial Aid Office
 1125 Nevada State Dr.
 Henderson, NV 89015
 Phone: 702.992.2199
 Fax: 702.992.2151
 E-mail: va@nsc.edu

VA BENEFITS ENROLLMENT CERTIFICATION FORM

THIS FORM MUST BE SUBMITTED EACH SEMESTER FOR CLASSES THE
 VETERAN WOULD LIKE TO BE CERTIFIED AND FOR ANY UPDATES TO
 THE VETERAN'S CLASS SCHEDULE.

NSHE#: _____ - Please Print or Type - Phone: (____) _____

Student's Name: _____
Last First MI

SSN Last 4 : _____ Email: _____

- Chapter: Chapter 30/34 Montgomery
 Chapter 31 Voc. Rehab
 Chapter 33 Post 9/11
 Chapter 35 Dependent
 1606 Reservist
 1607 REAP

Do you receive the Nevada National Guard Discount:
(You must submit your NG tuition waiver each semester)

Yes No

Do you plan on receiving financial aid for this
 semester: Yes No

Have you changed your major/degree since your last
 certification: Yes No

Are you on active duty: Yes No (IF YES,
 BENEFITS ARE LIMITED TO TUITION AND FEES)

 New Major/Degree

For which Term/Semester: Fall _____ Year Spring _____ Year Summer _____ Year

Subject	Course Number	Credits	ADD/DROP/WITHDRAWAL

- You may only be certified for courses that pertain to your program of study/degree.
- You may not receive certification for audit courses, courses applying to a minor, or repeat courses that you have received a passing grade for and that meet department and degree standards.
- For all chapters **except** Chapter 33(that receive 100% of benefits) and 31, you are responsible to ensure that your balance is covered (either by paying the fees or making a payment arrangement with Student Cashiering) by the deadline that is set on the academic calendar; if not you may be purged from your courses or not allowed to register for classes until the balance is satisfied.
- If this form is not submitted by the week prior to classes you must make arrangements with Student Cashiering to ensure that you are not purged from your courses.
- VA representative may be contacted at 1-888-442-4551.

I certify the information contained on this form and any supporting documentation is true and complete to the best of my knowledge. I further certify that I understand that I am required to **notify NSC Veteran Services of any changes** to my class schedule, to include withdrawals (failure to do so may result in over-payment that the student will be legally liable for).

 Student Signature

 Date

Date Received by NSC _____