



509.793.2061
FAX 1.888.820.2896

7662 Chanute Street
Moses Lake, WA 98837-3299
http://www.bigbend.edu

Veterans Reporting Form

Name (Print) _____ Date of birth _____

Last
First

SSN: *

--	--	--	--	--	--	--	--

MI _____

SID:

--	--	--	--	--	--	--	--	--	--

*Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, BBCC will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purpose of state/federal requirements; disclosure may be authorized for the purpose of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.

CONTACT INFORMATION

In order to avoid mailing problems, it will be your responsibility to keep the BBCC Veterans Office, Financial Aid Office and Admissions/Registration informed of changes in your address and phone number.

Mailing Address: Street _____

City _____, State _____ Zip _____

Phone _____ Email _____

BENEFIT

- Montgomery (CH 30)
 Guard/Reserve (CH 1606)
 REAP (CH 1607... Guard/Reserve activated 90 continuous days or more)
- Dependent (CH 35)
 CH 31
 Post 9/11 (CH 33)
 Post 9/11 (CH 33...TEB)

PLEASE CHECK ALL THAT APPLY

- I request a change in place of training from (list prior school and last date attended) _____
- BBCC Program _____ Intent _____
- I am requesting a change of program. NEW PROGRAM: _____

COLLEGES ATTENDED (List ALL colleges previously attended)

College	Dates Attended	Program

Big Bend Community College does not discriminate on the basis of race, color, national origin, gender or age in its programs and activities. Person(s) with a disability requiring any auxiliary aids or accommodations should contact the college.

STATEMENT OF UNDERSTANDING – READ AND INITIAL EACH ITEM BELOW

1. I understand that my VA benefits will not be certified for any quarter until I submit an Academic Program Plan signed by my advisor to the BBCC Veterans School Certifying Official, *and* contact her/him confirm that I have **finished** registering for classes for that quarter. Furthermore, I understand that I must complete a new 'Veterans Reporting Form' for any changes to mailing address, email, phone, or change of program.
2. I understand that I must meet with an academic advisor and obtain an education plan for the BBCC degree or certificate program I pursue. The courses I take must fit within my education plan. If I decide to change my degree or program, I must inform both the Veterans and Admissions offices and meet with an academic advisor to obtain another education plan.
3. I understand I am required to submit my DD214 (member 4), and a copy of VA Certificate of Eligibility. Furthermore, I understand if I previously attended another college or university, I must submit official transcripts within the first three (3) quarters I attend BBCC. The VA will not pay for classes I have previously passed with at least a 1.0 GPA, UNLESS my degree program requires a higher course GPA for graduation and my previous course grade was below a 2.0 GPA.
4. I understand that I am **required** to attend classes all quarter. I understand that I must report any changes to my quarterly class schedule (after my initial registration) immediately to the BBCC Veterans Certifying Official. I understand the impact of receiving a "W", "I", or "N" grade. Failure to attend all of the classes for which I was certified with the VA may result in my having to repay benefits I received.
5. Classes for which an "I" (incomplete) is awarded must be completed by the end of the subsequent quarter (excluding summer). Otherwise, my entitlement for benefits for that course may be reduced and may result in an overpayment.
6. I understand I am required to make satisfactory progress toward my degree by maintaining a quarterly 2.0 GPA.
7. I understand that payment for remedial math and English classes (below 100 level) will not be allowed unless need for such class(es) is established by a placement test. They must be a resident course, as the VA will not approve remedial online or hybrid courses.
8. I understand that the VA will hold me responsible for any overpayment of my educational benefits.

PERMISSION TO RELEASE RECORDS

Federal law and BBCC policy prohibits the release of a veterans records (even to parents or spouse) without written permission from the veteran. Please check and fill in all areas that apply to indicate your authorization to release, or not release, your veteran information. You may change your authorization at any time by contacting the Veterans Coordinator. Your authorization will be effective for the current academic year only.

- Parent (name/s) _____
- Spouse (name) _____
- Other _____
- I do not wish to utilize any of the above three options. Do NOT release information to anyone.

I HAVE READ, UNDERSTAND, AND COMPLETED THE ABOVE "STATEMENT OF UNDERSTANDING" AND "PERMISSION TO RELEASE RECORDS" AND DECLARE THE INFORMATION IN THIS APPLICATION TO BE ACCURATE AND WISH TO APPLY FOR VA BENEFITS AT BIG BEND COMMUNITY COLLEGE.

Print Name: _____ Date: _____

Signature: _____

BBCC Veterans Certifying Official:	Elise Warren
	Phone: 509.793.2452
	Fax: 1.888.820.2896
	Email: elisew@bigbend.edu