

Guest Student Information Primary Institution (if other than LCC)	
Name of School:	
Street Address:	
City/State/Zip:	
SCO:	
SCO Phone:	

Read and *initial* the following statements:

Initials	Statement
	I understand that I will not receive my VA education benefits UNLESS I am certified each semester. I will not be certified until ALL college transcripts (based on LCC's Records office policy), a current RVAC, current class schedule, and, depending on the semester, a copy of my VA benefit application/confirmation page and COE are received. It is my responsibility to provide these documents to the Military-Connected Student Services Coordinator.
	I am aware that by turning in the above documents, I may not be dropped from my classes. If I decide not to attend class(es) or officially withdraw after the semester has started, I will STILL be responsible for charges to Labette Community College.
	Depending on my VA benefit and enrollment level, I understand that my tuition and fees will not be certified to the VA until after the term's 100% refund deadline/census date has passed.
	I understand that if I am taking any classes that I do not need for my declared major, those classes will not be certified and I will have to pay out of pocket for those classes.
	I am aware that if I choose to take a class(es) that I already passed (a grade D or higher), the class will not be certified and I will have to pay out of pocket for that specific class, unless a higher grade is required by my declared major.
	I understand that if I am not enrolled AND attending full time, my funding will be affected.
	I agree to notify the Military-Connected Student Services Coordinator if I change my schedule or degree plan and provide all relevant documents such as the Enrollment, Add/Drop/Withdraw, Course Substitution, Change of Major, or VA Request for Change of Program or Place of Training forms.
	I understand that it is my responsibility to regularly check my LCC email and failure to do so may result in delayed certifications or missed deadlines. I will receive an email notification for any changes to certifications.

My signature indicates that I have provided accurate information and agree to comply with all VA and LCC guidelines and that I understand if I modify my schedule for any reason, it will delay the certification process.

Signature: _____

Date: _____

OFFICE USE ONLY		
Cert #: _____ Semester: _____ Res: _____ ON: _____ T&E: _____ Certification ID: _____ Date Processed: _____	Cert #: _____ Semester: _____ Res: _____ ON: _____ T&E: _____ Certification ID: _____ Date Processed: _____	Cert #: _____ Semester: _____ Res: _____ ON: _____ T&E: _____ Certification ID: _____ Date Processed: _____
Employee ID: _____ Chapter: _____ Transcripts: _____ Major: _____		