

## VA Enrollment Certification Request

### GCTS-Charlotte School Certifying Official (SCO)

Megan J. Robinson  
Assistant Director of Enrollment Management

### Contact Information

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Available for appointments: M, T, R, F, 10a – 4p

All VA students must complete this form and return it with the VA Benefits Acknowledgement to the GCTS-Charlotte SCO **by the first week of each semester** you register for courses.

**The SCO will not certify your enrollment without this form.**

VA Enrollment Certification takes 7-10 business days to process once the request is submitted.

**Amendments to your certification request (add/drop/withdrawal/etc.)**

**MUST be submitted to the SCO within 5 business days of change.**

New students must also submit a GI Certificate of Eligibility. Information regarding VA benefits may be found at [http://www.benefits.va.gov/gibill/get\\_started.asp](http://www.benefits.va.gov/gibill/get_started.asp).

If submitting your FAFSA ([www.fafsa.gov](http://www.fafsa.gov)), please use GCTS school code: E00722.

### All Students

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
VA File #: \_\_\_\_\_ GCTS ID#: \_\_\_\_\_  
Semester/Year: \_\_\_\_\_ Program: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ GCTS Email: \_\_\_\_\_  
Student Status:  Current/Active  New  Graduating

### Benefits Chapter

30 (Former Active Duty)  33 (Post 9/11 Veteran)  1606 (Reserves/Nat'l Guard)  
 30 (Active Duty)  33 (Post 9/11 Dependent)  1607 (Reserves/Nat'l Guard)  
 31 (Voc Rehab)  35 (Dependent: Spouse/Child)

### Check all that apply

Currently on Active Duty  Repeating Courses  
Course Title: \_\_\_\_\_  
 Change of Address since last VA payment:  Change of Degree Program  
New Address: \_\_\_\_\_ New Degree: \_\_\_\_\_  
\_\_\_\_\_  
 Using VA Benefits this semester  
 NOT Using VA Benefits this semester

(continued)

## VA Enrollment Certification Request

### New Students (First Semester)

Reserved GCTS-C Admission?  Yes  No

Applied for VA Education Benefits?  Yes  No

If NO, complete VA Form 22-1990: <http://www.vba.va.gov/pubs/forms/VBA-22-1990-ARE.pdf>

Submitted Certificate of Eligibility to GCTS-C SCO?  Yes  No

Provided **Official** Transcripts from **ALL** higher education institutions?  Yes  No

If you have used VA benefits at another higher education institution, please submit VA Form 22-1995:  
<http://www.vba.va.gov/pubs/forms/VBA-22-1995-ARE.pdf>

*All questions must be checked **Yes** in order for the SCO to certify benefits.*

### Amendment to Initial Certification Request

Date: \_\_\_\_\_

Added course (Note below: new credit hour total: \_\_\_\_\_ )

Dropped course (Note below; new credit hour total: \_\_\_\_\_ )

Withdrew from classes

Academic Probation

Academic Suspension

### All Students

Course #	Course Section	Delivery	Course Start Date	Course End Date	Required for Degree	Credit Hours	Course Tuition
_____	_____	<input type="checkbox"/> Res. <input type="checkbox"/> OL <input type="checkbox"/> DS	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Res. <input type="checkbox"/> OL <input type="checkbox"/> DS	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Res. <input type="checkbox"/> OL <input type="checkbox"/> DS	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Res. <input type="checkbox"/> OL <input type="checkbox"/> DS	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Res. <input type="checkbox"/> OL <input type="checkbox"/> DS	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Student Services Fee (per semester) \$150  
 Technology Fee (\$150 per Semlink+ course)

**Total for Semester:** \_\_\_\_\_

*Res. = Residential OL = 100% Online DS = Directed Study*

**By submitting this request via email, or by signing a printed copy, I confirm that the information herein is true, accurate, and complete. I also understand that the information provided is subject to verification.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

SCO (verified): \_\_\_\_\_

Date: \_\_\_\_\_