



Veterans Education & Transition Services
 Charleston Campus
 Sort Code WCMOD11
 6375 West Charleston Boulevard
 Las Vegas, NV 89146-1164
 Office: 702.651.5060
 Fax: 702.651.7430

Prior Education Form

Name: _____

NSHE#: _____

VA File #: _____

Chapter Benefit (circle one): 30 31 33 35 1606

Which branch did you serve (if applicable)? _____

Acknowledgment of Prior Military/College Credits

As required by the Department of Veterans Affairs, I, _____ acknowledge **I DO** have military
 (Print Name)
 and/or prior college credits and will provide these transcripts to the College of Southern Nevada – Office of the Registrar for
 an official evaluation.

Signature: _____

Date: _____

Please list the names of any prior institutions you have attended.

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Acknowledgment of No Prior College Credits

I, _____ **DO NOT** have any prior college as I am a spouse/dependent using the Chapter 35
 (Print Name)
 DEA/Chapter 33 Transfer of Entitlement/Fry Scholarship benefits.

Signature: _____

Date: _____



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Veterans Education & Transition Services School Terms for Certification of Benefits

Name: _____ VA File #: _____

I understand that I must comply with all the following terms in order to remain eligible and avoid any interruption of VA education benefits at CSN:

1. I understand that I must submit a claim with the Veterans Education & Transition Services office as soon as registration opens for a semester in order to continue receiving my education benefit. *Please note: After your first semester you will need to submit a claim online. You cannot submit your claim online if you are changing your major.
2. I understand that I must notify the Veterans Education & Transition Services office of changes made to my schedule which include adding, withdrawing, or auditing courses.
3. I understand that drops, withdrawals, audits, excess classes, and requirements satisfied by prior credits and/or military training may result in repayment of benefits already issued.
4. I understand that I am liable for any payments owed to CSN for classes due to any of the reasons as stated in #3.
5. I understand that classes only pertaining to the degree I have declared with the Veterans Education & Transition Services office **and** the Office of the Registrar will be certified to the VA.
6. I understand that I must notify the Veterans Education & Transition Services office if I change my degree program and submit the necessary forms to do so. *Please note: A Declaration of Major form must be submitted to the Office of the Registrar by the first date of term to be effective.
7. I understand that I am responsible for submitting all official transcripts for any military and college credits within 24 weeks of my enrollment to the Office of the Registrar for evaluation.
8. I understand that I am responsible for making sure that all necessary paperwork is turned into the Veterans Education & Transition Services office in order to receive and/or continue my education benefits.
9. I understand that I need to inform the Veterans Education & Transition Services office of any change in address or personal information and complete the necessary documentation that may be needed.
10. I understand that if I am receiving Post 9/11 benefits and make changes to my original class schedule, I may have an overpayment with the VA for additional monies received by the school for tuition and fees.
11. I understand that all REMEDIAL COURSES must be taken on campus (no online or hybrid) to be certified.
12. I understand that remedial courses will not be covered if the placement scores allow for college level math (i.e. Math 124E).
13. I understand that if I take HYBRID COURSES a formula is applied to determine if it will be considered resident or online. I understand if I am using Post 9/11 benefits that this may affect my BHA.

As an institution we have an obligation to comply with federal regulation mandated by the Department of Veterans Affairs and CSN institutional policies. We have an obligation to maintain accurate information and disclose any information such as adjustments that may affect students' benefits and/or rate of pay.

Refer to the WAVES handbook for more information:
http://www.gibill.va.gov/school_info/rpo_hbook/waves_handbook.pdf

I understand that I need to contact the Veterans Education & Transition Services office if I do not understand any of the terms and conditions mentioned above.

Student Signature: _____ Date: _____