OFFICE OF VETERANS AFFAIRS VA ENROLLMENT CERTIFICATION REQUEST FORM



Important: Do r	not complete	this form unt	til you hav	e finalized yo	our class :	schedule.			
Please comple	te the follow	ing informat	ion:						
Semester: \square	Fall 🗆 Spri	ing 🗆 Sumr	ner 20	_					
Have you appli	ed for Finan	cial Aid? 🛚	Yes □ N	0					
Have you appli	ed for Feder	al Tuition Ass	sistance?	□ Yes □ N	No				
Name					Stude	Student ID #			
Phone Number					Email	Email Address			
Mailing Address					City, S	City, State, Zip Code			
VA Chapter (Se	•	□ 30 (MGIB[®]□ 35 (Deper	•	•	•	31 (VR&E)			
Please check one or more options that apply to you: 🔲 Veteran 🔲 Transfer (Child) 🔲 Transfer (Spouse)									
If spouse, is the	e service me	mber on Acti	ve Duty?	□ Yes □ N	No				
program of stu I further certify my enrollment.	dy (unapplie that I am leg	d coursework	k), which c	ould lead to	a reduction	on in enro	r classes that are not required for liment status and monthly benefit om failure to notify the office of c	S.	
Student Signature	9				Date				
Term (Ex. 1, 2, 5, 6, 7, W)	Add/Drop	Course (Ex. ENG, MAT)	Number (Ex. 101)	Section (Ex. A01, B61)	Credit	Repeat	LDOA	Grade	
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		l	l	l	l				
				OFFICE U	ISE ONLY	<u>:</u>			
Program					s	Paid/PER	C		
(FA,.CAP, TA, D *Free Tuition -					Initials:				