

CENTRAL TEXAS COLLEGE

VA Enrollment Certification Request

Student Information

Name (Last, First, Middle Initial)		SSN	VA File No (Ch. 35 only)	
Address		<input type="checkbox"/> Is this an address change?		Email Address
City	State	Zip	Home Phone	Work/Cell Phone

Degree:
Have you changed your degree plan or school since your last certification? Yes No If yes, you will need to complete a 22-1995

What is your Veteran's Status?
VA Chapters:
 33 (POST 9/11) 30 (MGIB) 31 (VOC REHAB) 35 (SURVIVORS/DEPENDENT) 1606 (RESERVE/NG) 1607 (REAP)

Student Status: Recertification New Incoming Student
Transfer Student from _____ Transient Student from _____ Letter Rec'd? Yes No

For which term(s) would you like to be certified for? Fall 20__ Spring 20__ SS-10wk 20__ SU1__ or SU2__

Course Number	Course Title	Is this course online?	Start/End Dates

____ **INITIALS** I understand that the courses listed above are part of my degree plan. I understand that if they are not, my certification will not be sent to VA or if cert was sent, I will be responsible to VA for any overpayment received.

____ **INITIALS** I understand that I must be registered and tuition paid in full in order for the Central Texas College Veterans Services Office to process my certification with the Department of Veterans Affairs.

____ **INITIALS** I understand that this form covers only the time period indicated above. I will notify the Veterans Services Office each semester in the event that I register, drop, or withdraw from any course(s).

____ **INITIALS** I understand that I must make satisfactory progress toward my educational goal and the school will report any changes in my enrollment status or lack of academic progress to VA.

Student Signature: _____ **Date:** _____

Office Use Only

Documentation Received: Application for Admission 22-1990 22-1995 Certificate of Eligibility Received DD 214
 Kicker Agreement HS Diploma/GED Other School Transcripts AARTS Degree Plan

Documentation Needed: Application for Admission 22-1990 22-1995 Certificate of Eligibility Received DD 214
 Kicker Agreement HS Diploma/GED Other School Transcripts AARTS Degree Plan

Comments: _____ Staff Initials _____
Date _____

I certify that the above course(s) do apply to the student's degree plan.

Signature and Title of VA Certifier

Date