

Veterans Enrollment Certificate



Student Information (PLEASE FILL OUT COMPLETELY TO AVOID DELAYS IN PAY!)			
Name (Last, First, Middle initial)	SSN	VA File No (Ch. 35 only):	
Address [] Address change		Email Address:	
City, State, Zip	Home Phone	Work/Cell Phone	
Degree: _____ Active Duty: [] Yes [] No Was TA used? [] Yes [] No			
Have you changed your degree plan since your last certification? [] Yes [] No If yes, from _____ to _____			
VA Chapter: [] 33 (POST9/11) [] 30 (MGIB) [] 31 (VOC REHAB) [] 35 (DEPENDENT) [] 1606 (RESERVE) [] 1607 (REAP) [] TRANSFERABILITY CH. 30 [] TRANSFERABILITY CH. 33			
Student Status: [] Recertification (prior Cert w/ CTC) [] Transfer Student from _____ (last school where VA was used) [] Incoming Student (1 st time using VA)			
Student signature		Date	
For which terms would you like to be certified: [] Fall 20____ [] Spring 20____ [] SS-10wk 20____ [] SS1 or SS2 20____			
INITIALS _____ I understand that the courses that I am certifying for are part of my current degree plan, except as noted, and that if I enroll in courses not listed on the degree plan, I will be responsible to the Department of Veterans Affairs for any overpayment. I understand that I must be registered in order for the Central Texas College Veterans Services Office to process my certification with the Department of Veterans Affairs.			
INITIALS _____ I understand that I will be certified for all applicable break periods unless I specifically request not to be paid. 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.			
INITIALS _____ I understand that I must, at all times, have a current signed degree plan on file with the Veterans Services Office, and that I must fill out a Change of Program form any time my degree plan changes.			
<u>PLEASE LIST ALL CLASSES YOU WOULD LIKE CERTIFIED:</u>		<u>OFFICIAL USE ONLY:</u>	
<u>Class Name</u> (ex. ENGL 1301)	<u>Start Date</u>	<u>End Date</u>	<u>Credits</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
SR71 _____ VA/AD _____ CERT _____	Credits _____	Dev. _____	Clock Hr. _____

RETURN this form to:

Central Texas College
 Veteran Services Office, Bidg 111, Rm 222
 PO Box 1800
 Killeen, TX 76540-1800
 Phone: 254-526-1160
 Fax: 254-526-1480
 Email: veterans.services@ctcd.edu