

# 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) Sponsor SSN:	
Address:	Address Change <input type="checkbox"/>	Email:	
City, State, Zip:	Home Number:	Cell Number:	
<b>Current Degree Plan:</b>			
Have you changed your degree plan since your last certification? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete VA form 22-1995 or 22-5495.)			
Are you attending any other colleges or universities while attending Central Texas College? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If you are dually enrolled during this enrollment period and CTC is the secondary school, a Parent Institution Letter must be received from your primary school to be certified.</b>			
Active Duty: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, are you using TA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
VA Chapter: (Check one)	<input type="checkbox"/> 30 (MGIB, Veteran) <input type="checkbox"/> 35 (DEP. EDUC.)	<input type="checkbox"/> 31 (Voc. Rehab)	<input type="checkbox"/> 1607 (REAP) <input type="checkbox"/> 1606 (RESERVE) <input type="checkbox"/> 33 (POST9/11, Veteran) <input type="checkbox"/> 33 (Post 9/11, Dependent)
Student Status:	<input type="checkbox"/> Recertification (prior Cert w/ CTC)	<input type="checkbox"/> Incoming Student (1 <sup>st</sup> time using VA)	<input type="checkbox"/> Transfer Student from _____ (last school where VA was used)
For which terms would you like to be certified: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Sum I 20____ <input type="checkbox"/> Sum II 20____			
<p><b>INITIALS</b>_____ 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 <b>will be responsible to the Department of Veterans Affairs for any overpayment.</b> 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.</p> <p><b>INITIALS</b>_____ I understand that I <b>will not be certified for any 1 credit hour PE (KINE) courses if I am a veteran.</b> 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 and that I <b>will be responsible for any overpayment resulting from such drop/withdrawal.</b></p> <p><b>INITIALS</b>_____ 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.</p> <p><b>INITIALS</b>_____ I understand that I am responsible to provide transcripts from all prior colleges/universities.</p> <p><b>INITIALS</b>_____ I understand that VA <b>will not</b> pay for any remedial/developmental course that is taken online.</p>			
<b>PLEASE LIST ALL CLASSES YOU WOULD LIKE CERTIFIED:</b>		<b>OFFICIAL USE ONLY:</b>	
<u>Class Name</u> (ex. ENGL 1301 TD001)		<u>Start Date</u>	<u>End Date</u>
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
		Credits _____	D/L _____ Dev _____ Clock Hrs. _____
<b>Student Signature:</b>		<b>Date:</b>	

Work-study Initials:

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