

VA ENROLLMENT CERTIFICATION REQUEST

Primary Institution: NLC NVC PAC SPC SAC

(Please Print) LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER:
			BANNER ID:
(Please Print) FULL ADDRESS			PHONE # ()
CITY	STATE	ZIP CODE	E-MAIL ADDRESS: @student.alamo.edu
			Address/Number Change? (Circle) Yes No

Degree (Circle one): AA AS AAS AAT Certificate Major: _____

**** IMPORTANT NOTE: INTERNET DEVELOPMENTAL CLASSES CANNOT BE CERTIFIED TO THE VA. VA WILL NOT PAY FOR 3-PEAT COURES TAKEN. ALL CHANGES IN ENROLLMENT (add/drop/withdraw) MUST be reported ASAP.**

List the course(s) requested to be certified for VA benefits below

- Benefit**
- () Chapter 30 Montgomery GI Bill
 - () Chapter 31 Vocational Rehab 1905
 - () Chapter 33 Post 9/11 Veteran
 - () Chapter 33 Post 9/11 transferred
 - () Chapter 35 Dependent and Survivor
(Claim # _____)
 - () Chapter 1606 Selected Reserves
 - () Chapter 1607 REAP
 - () Hazlewood

CREDIT HOURS	FALL _____	SPRING _____	Summer _____	School/Campus
<u>COURSE NAME(S) & COURSE NUMBERS</u>				
Total Hours				

Notes: _____

I agree the information is correct. **I will notify the Office of Veteran Affairs of any changes to my enrollment status so that the VA can be notified in a timely manner.** I understand I must be registered in order for the Office of Veteran Affairs to process my certification with the Department of VA. I assume FULL responsibility of reimbursement of funds to Alamo Colleges or the VA should an over-payment occur as a result of this certification. I am responsible for any overpayments made due to my change in enrollment. I agree that the courses listed are required for my current degree program. I acknowledge that my certification may take up to 6 weeks to process.

STUDENT SIGNATURE: _____ DATE: _____

Received by _____