

Student Signature ( $\underline{Must}$  be signed in blue or black ink)

## **Veteran's Request for Certification**

Date

Name:	First	SS	SN:	
	First			
Current Address: _	Street	City	State	Zip Code
		Alternate Phone		
Chapter:				
☐ 30 (Active Duty)	☐ 31 (VA Voc Rehab)	☐ 33 (Post 911)	☐ 35 (Depend	dent of a Veteran)
□ 1606 (Reserve/Na	tional Guard)	☐ 1607 (REAP)	☐ Current Ac	tive Duty
Credential: □ AA	$\square$ AS $\square$ AFA $\square$ AAS	☐ Diploma ☐ Certi	ficate   Non-C	College Degree
Major:	Term:	☐ Fall 20 ☐ Sprin	g 20 🗆 Sum	mer 20
Course ID	<b>Course Title</b>		Cr	edit Hours
	Important Info	ormation – Please Ro	ead!	