



## VA ENROLLMENT CERTIFICATION REQUEST

I, \_\_\_\_\_ (Print Name), \_\_\_\_\_ (Student ID #), request to have my enrollment certified for \_\_\_\_\_ credit hours for the \_\_\_\_\_ semester in the program of \_\_\_\_\_.

I will contact the Veterans Affairs Representative at Snead State Community College if changes occur to my enrollment status for the term specified above. Below is a list of all the course(s) that I am registered for this semester. I acknowledge that these courses are in my degree plan.

**Please list course(s) that you are registered for: (Example CIS 146)**

Course 1 _____	Course 4 _____
Course 2 _____	Course 5 _____
Course 3 _____	Course 6 _____

I certify that all information on this form is complete and accurate. I understand that withholding information requested or giving false information may result in my enrollment **NOT** being certified.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date