



## VA ENROLLMENT CERTIFICATION REQUEST

First and Last Name (Please Print): \_\_\_\_\_

Student ID: \_\_\_\_\_

Credit Hours: \_\_\_\_\_

Semester: \_\_\_\_\_

Program/Major: \_\_\_\_\_

I will contact the VA School Certifying Official 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.

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

Course 1: \_\_\_\_\_  
 Web       Full Term  
 Blended       Mini I  
 Residential       Mini II

Course 4: \_\_\_\_\_  
 Web       Full Term  
 Blended       Mini I  
 Residential       Mini II

Course 2: \_\_\_\_\_  
 Web       Full Term  
 Blended       Mini I  
 Residential       Mini II

Course 5: \_\_\_\_\_  
 Web       Full Term  
 Blended       Mini I  
 Residential       Mini II

Course 3: \_\_\_\_\_  
 Web       Full Term  
 Blended       Mini I  
 Residential       Mini II

Course 6: \_\_\_\_\_  
 Web       Full Term  
 Blended       Mini I  
 Residential       Mini II

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. I certify that I have only listed courses in my degree plan.

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date