

Crowder College

REQUEST FOR VA ENROLLMENT CERTIFICATION

Printed Name _____ Student ID# _____

Social Security Number _____ - _____ - _____

Major _____

Is this a change from your last certification? (circle one) Yes No

Student's Address _____

Has address changed since last certification? (circle one) Yes No

E-Mail Address _____

Chapter VA Benefits (circle one):

CH30- CH31- CH32- CH33- P9/11 TEB CH35- CH1606- CH1607-
MGIB VA/VR VEAP P9/11 SCH P9/11 SSD MGIBSR REA

If CH35-SSD Veteran's Social Security Number _____ - _____ - _____

Semester (circle): FALL SPRING SUMMER Year: 20 _____

Number of Hours Enrolled _____ Number of Hours Attending _____
(See below for examples of Enrolled vs. Attending)

Student is ENROLLED in 12 hours, but is only ATTENDING 9 hours at any given time. (3/4 benefits)					Student is ENROLLED in 12 hours, but is only ATTENDING 6 hours at any given time. (1/2 benefits)					Student is ENROLLED in 12 hours, and is ATTENDING 12 hours at any given time. (Full benefits)				
	Class 1 3hr	Class 2 3hr	Class3 3hr	Class4 3hr		Class1 3hr	Class2 3hr	Class3 3hr	Class4 3hr		Class1 3hr	Class2 3hr	Class3 3hr	Class4 3hr
Week #	16wk	16wk	1 st 8 wk	2 nd 8 wk	Week #	2 nd 8wk	1 st 8wk	1 st 8 wk	2 nd 8 wk	Week #	16 wk	16 wk	16 wk	16 wk
1					1					1				
2					2					2				
3					3					3				
4	XXXX	XXXX	XXXX		4		XXXX	XXXX		4	XXXX	XXXX	XXXX	XXXX
5					5					5				
6					6					6				
7					7					7				
8					8					8				
9					9					9				
10					10					10				
11					11					11				
12	XXXX	XXXX		XXXX	12	XXXX			XXXX	12	XXXX	XXXX	XXXX	XXXX
13					13					13				
14					14					14				
15					15					15				
16					16					16				

It is the student's responsibility to promptly notify both the Crowder College VA certifying official and the Veteran's Administration of any change in your enrollment status. If you receive an overpayment for any reason, the VA will expect repayment as soon as possible. You acknowledge your responsibility for prompt notification of changes made to your enrollment status by signing this form.

Student Signature _____ Date _____