## ALABAMA STATE UNIVERSITY OFFICE OF VETERANS AND MILITARY AFFAIRS

## VA ENROLLMENT CERTIFICATION FORM

Not	e: A form must be	e completed for each term of enrol	ment that you wish to	be certified to the VA	4
Name:			Local Telephone Number: ()		
SID#	ID# VA File #			D0	OB:
Email Address:		Alternate	e Email Address: _		
Permanent Addres	SS:		City/State: Zip Code:		
Classification: □I	FRESH □SOI	PH □JUNIOR □SENIOR	□GRAD Expe	cted Graduation Da	ate:
Current Major:					
I plan to use my V	A benefits in the	e following semester: □Fall	□Spring □S	Summer	_(indicate year)
I have used VA be	enefits before?	□ Yes □No Service men	nber, indicate Brand	ch of Service:	
□ Chapter □ Chapter □ Chapter □ Chapter	30 Montgomery G.I 33 Post/911 1606 Selected Reso 1607 Reserve Educ 31 Voc. Rehab – Pl Voc. Rehab Counso Voc. Rehab Counso	erves Montgomery G.I. Bill SR cation Assistance Program (REAP)			ONLINE YES / NO
			Total Ho	ours	
If yes, what is the nam	ne of the school?	rization from their parent school to enroll	in specific courses before		<u>(t</u>
I understand I can only	y be certified for cou	urses listed on my program of study.			
I understand I cannot	be certified for cour	ses for which I have already received	I credit.		
I will promptly report c	hanges to my sched	dule to the Certifying Officer such as	DROPS, WITHDRAWL	S, and ADDING COUR	RSES.
Student Signature: _			Date:		
		For Office Use (	Only		
Transcript Received: □	Updated Degree Comp	oletion Plan Received:  GPA:	Academic Status: □G	Good □Probation □Susp	ension  Dismissal
	t· Academ	ic Status Letter to Student: A	cademic Status Sent to VA	Referred to Ad	visement:

Revised 5/9/16