



SOUTHERN UNION STATE COMMUNITY COLLEGE

VA ENROLLMENT CERTIFICATION REQUEST FORM

I, _____ (Full Name), _____ (Student ID), request to have my enrollment certified for _____ (credit hours i.e. 12) for the _____ semester _____ year (i.e. fall semester 2018 year). I authorize the Veterans Affairs Coordinator at SUSCC to certify and/or bill my enrollment for the semester indicated above. I agree that the Veterans Affairs Coordinator at SUSCC may release personal information (i.e. grades, enrollment status, etc.) to the Department of Veterans Affairs at the state and/or federal level. I have read and completed a Statement of Understanding.

I will contact the Student Veterans Resource Center 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 in this format: i.e. MTH100. You must list at least one course.

Course _____	Mini Term __ Yes __ No	Course _____	Mini Term __ Yes __ No
Course _____	Mini Term __ Yes __ No	Course _____	Mini Term __ Yes __ No
Course _____	Mini Term __ Yes __ No	Course _____	Mini Term __ Yes __ No
Course _____	Mini Term __ Yes __ No	Course _____	Mini Term __ Yes __ No

I understand that I am responsible for paying any and all charges that are not covered by my VA education program(s). Any tuition and fees not covered by the VA will be my responsibility at the time of registration.

I certify that all information on this form is complete and accurate. I will notify the Student Veterans Resource Center of any changes in my enrollment for the semester specified above. I understand that withholding information requested or giving false information may result in my enrollment NOT being certified and/or billed.

BY TYPING OR SIGNING YOUR NAME IN THE BOX BELOW YOU ARE ACKNOWLEDGING YOU HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE.

Student Signature:

Email:

Date:
