

VA REQUEST FOR CERTIFICATION

PLEASE PRINT
VA REQUEST FOR CERTIFICATION

NAME: LAST _____ FIRST MI MAIDEN SOC. SEC. NUMBER _____

VA FILE# _____ SCHOOL YEAR: _____

SUMMER	FALL	J-TERM	SPRING
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CRN#	COURSE NAME	AUDIT A	REPEAT R	SEMESTER HOURS	TERM DATE BEGINNING	TERM DATE ENDING

HAVE YOU DECLARED YOUR MAJOR(S) YES / NO _____ VA MAILING ADDRESS _____

PRIMARY MAJOR: _____ /MINOR: _____ STREET _____

SECONDARY MAJOR: _____ /MINOR: _____ CITY _____

SIGNATURE/DATE _____ () TELEPHONE NUMBER _____

VA OFFICE USE ONLY _____ DATE RCVD: _____