

**REQUEST FOR VA ENROLLMENT CERTIFICATION**

**Student Information**

Full Name: \_\_\_\_\_  
Last First M.I.

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

CCS E-mail Address: \_\_\_\_\_

Student I.D. Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Please check One: Are you  a Veteran  or child/spouse of a disabled or deceased Veteran

**Academic Information (please complete all relevant information)**

Graduate Student  New Student  Returning Student

Undergraduate Student  New Student  Returning Student

Semester  Current Degree Program

**Course Selections:**

Course & Number (i.e. DEN 108)	Number of Credits

Total Credits: \_\_\_\_\_

Are any of these repeated courses? Yes  No

**Student Acknowledgement:**

*I acknowledge that I must complete the VA Enrollment Certification form each semester and that I must notify the College for Creative Studies VA Certifying Official immediately upon making any changes to my course selection; THIS INCLUDES ANY STOP IN MY ATTENDANCE OF COURSES.*

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

\_\_\_\_\_  
Date