



VA CERTIFICATION REQUEST FORM

You must submit this form to the Registration and Records Office for each semester that you want to be certified for VA Benefits.

STUDENT INFORMATION (please print)

Name Student ID #

Current Address City St Zip Code

() _____
(Area Code) Telephone Number E-Mail Address

CERTIFICATION INFORMATION (please print)

Semester and year you would like to be certified for (select one):

Fall Winter Spring Summer Year: _____ Chapter: _____

List all classes that you have registered for in the semester indicated above:

Course	Number	Section	Credit Hours	Course Dates
<i>Ex: BIO</i>	<i>131</i>	<i>01</i>	<i>4</i>	<i>8/27/09-12/19/09</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Credit Hours: _____

AUTHORIZATION

By signing below, you are authorizing the Henry Ford Community College VA Representative to certify you for the above listed semester and courses. You further agree to notify the Henry Ford Community College VA Representative of any changes to the above listed enrollment information.

Signature Date