

VETERANS ENROLLMENT CERTIFICATION FORM



OFFICE OF RECORDS, P. O. BOX 9609, 3500 JOHN A. MERRITT BLVD. NASHVILLE, TN 37209-1561 (615) 963-1392

T-NUMBER: _____	DATE: _____
NAME: _____	
ADDRESS: _____	
TELEPHONE NUMBER(S): (HOME) _____ (WORK) _____	
SEMESTER / YEAR: FALL _____ SPRING _____ SUMMER _____	
DEGREE: _____	MAJOR: _____
NOTE: YOU WILL NOT RECEIVE VA BENEFITS UNLESS YOU ARE SEEKING A DEGREE AND PURSUING AN APPROVED AREA OF STUDY.	

Veteran Education Benefit(s)

Chapter 30: MGIB – Active Duty

Chapter 1606: MGIB – Selective Reserve

Chapter 31: Veterans Voc Rehab

Chapter 1607: REAP

Chapter 33: Post 9-11 Eligibility level: _____ %

Chapter 35: DEA; VA File # _____

Course Title	Course Number & Section	Credits	Start Date	End Date	Days & Times	Repeating Course
Ex: American History	Ex: HIST 2010 - 03	Ex: 3	Ex: 1/17/13	Ex: 5/10/13	M & W 9-11	Ex: Y/N

Student's Signature

Date: