

# 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)

- |   |   |
|---|---|
| <input type="checkbox"/> Chapter 30: MGIB – Active Duty                   | <input type="checkbox"/> Chapter 1606: MGIB – Selective Reserve |
| <input type="checkbox"/> Chapter 31: Veterans Voc Rehab                   | <input type="checkbox"/> Chapter 1607: REAP                     |
| <input type="checkbox"/> Chapter 33: Post 9-11 Eligibility level: _____ % | <input type="checkbox"/> 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: \_\_\_\_\_