

**COLLEGE OF THE MAINLAND
VETERANS REQUEST FOR CERTIFICATION FORM**

1200 Amburn Road, Suite A-149 Texas City, TX 77591
Phone: 409-938-1211, x8274 Fax: 409-933-8015

The Veterans Administration regulations require that the College certify all courses that are applicable to the degree the veteran is pursuing. Be sure to check your degree plan before registering for classes.

Before we certify enrollment to the VA, it is necessary for you to file with this office the certification request below. This form is self-explanatory; however, if you have questions please contact our office at the number above. If you have changed your major since your last certification, additional paper work will be necessary.

A REQUEST FOR CERTIFICATION FORM MUST BE COMPLETED FOR EACH SEMESTER YOU ARE ENROLLED.

This form must be returned to the Veterans Affairs Office with all other paperwork in order to assure certification is performed.

STUDENT IDENTIFICATION

PLEASE PRINT ALL INFORMATION BELOW

Last Name First Name Middle Initial

COM ID Number VA File Number E-mail Address

Major Phone Number Home Work Cell

Enrollment Status: Full Time ¾ time ½ time less than ½ time

VA Chapter: 30 31 33 35 1606 1607 Hazlewood

Enrollment term for which you are requesting certification: (Please indicate semester & year.)

Fall _____ Spring _____ Summer I _____ Summer II _____

I acknowledge that the major listed above is correct and I am currently enrolled in the courses indicated on my registration statement. I also certify that the courses listed will apply toward my degree in the major indicated. In addition, if I change my class schedule (drop, add, withdraw, etc.) I will notify the Veterans Affairs Office immediately and provide a revised schedule. I am aware that my failure to do so may result in an overpayment due to the VA and I will not hold the Veterans Affairs Office responsible.

Student Signature

Date