

Veterans Enrollment Certification

Records Office Motlow State Community College

Name _____

Last

First

Middle

Social Security number _____ VA file number _____

Phone number _____ E-mail Address _____

Current Address _____

Number

Street

City, state, zip _____

I wish to be enrolled:

Fall _____ Spring _____

Year

Year

Check one:

- Chapter 30 Disabled Veteran- (Ch. 31) Selected Reserve, National Guard (Ch 1606)
 Eligible Children- 35 Widow or Eligible Wife-35 Reserve Ed. Assist. Program (Ch 1607)
 Post- 9/11 GI Bill (Ch 33)

If new student at MSCC, check here

If not a new student at MSCC, when we're you last enrolled? Year _____

Check the degree you are presently pursuing:

- Associate of Arts Associate of Science AST

What is your major? _____

Number of hours you will take this semester: On-Campus _____ Online _____

How many of these hours are Remedial/Developmental Studies Courses? _____

Are you repeating any courses this semester? Yes No

If yes

Course Number

Course Name

Year and Semester

Grade

By law it is the responsibility of each veteran/dependent to inform the Veteran's Office of any changes in registration which affects his/her status as a full-time or a part-time student.

I understand that I am not to enroll in courses for which I have earned a passing grade. I understand that I am not to enroll in online remedial/developmental studies courses. Neither am I to enroll in physical education activity courses due to having earned service credits for physical education. I also understand that I am to report any changes in my major or class attendance.

Student's signature _____ Date _____