NASHVILLE STATE COMMUNITY COLLEGE
VETERAN'S REQUEST FOR CERTIFICATION

Name: _____ **Student ID #: A00**_____

Address: _____
Street **City** **State** **Zip Code**

Phone: Home: _____ **Work:** _____ **Cell:** _____

E-mail Address: _____

Term: Fall: __ Spring: __ Summer: __ Degree: _____ **Major:** _____

Veteran Affairs Chapter / Program

30 (MGIB): _____ 33 (Post-9/11): _____ 31 (Voc Rehab): _____ 35 (Spouse/Dep): _____ 1606/1607 (USAR/NGB): ____

CLASS SCHEDULE

COURSE NAME	CREDITS	WEB/HYBRID?	Full Term?

READ – IMPORTANT INFORMATION

1. ***I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE VA OFFICIAL AT NSCC WITHIN 5 DAYS OF CHANGES IN STATUS. (DROP/ADD/WITHDRAWL OF CLASSES).***
2. I UNDERSTAND THAT I WILL NOT BE PAID FOR EXCESSIVE ELECTIVE COURSES, PREVIOUSLY PASSED COURSES, REPEATED COURSES, AND OTHER COURSES THAT DO NOT QUALIFY FOR VA BENEFITS**.**
3. I UNDERSTAND THAT I RECEIVE BENEFITS ONLY FOR COURSES THAT MEET GRADUATION REQUIREMENTS FOR THE PROGRAM I AM SEEKING AND I AM RESPONSIBLE FOR REVIEWING MY REQUIREMENTS AT EACH ENROLLMENT.
4. I AUTHORIZE NSCC TO USE AND OR RELEASE INFORMATION CONTAINED HEREIN TO PROCESS MY VETERAN'S EDUCATIONAL BENEFITS.
5. I CERTIFY ALL INFORMATION IS COMPLETE AND CORRECT.
6. I UNDERSTAND THAT NO CERTIFICATION FORM WILL BE SENT TO VA UNTIL THIS FORM IS COMPLETED AND RETURNED TO NSCC OFFICE OF VETERANS' AFFAIRS.

_____ _____
Student Signature **Date**

NSCC 111-14 NSCC is TBR institution, AA/EEO employer, does not discriminate on basis of race, color, national origin, sex, disability or age in programs & activities. Inquiries regarding non-discrimination policies: Director of Human Resources, 120 White Bridge Road, 615-353-3305. Printer: In-Office 120 White Bridge Rd Nashville, TN 37209 Quantity: 20,410, © 2013, NSCC.

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