



CISCO COLLEGE- VA ENROLLMENT REQUEST

SSN _____ OR Student ID _____

Name: _____
(Last) (First) (MI)

Mailing Address _____
Street City, State, Zip

Phone number _____ E-mail _____

Cisco College E-Mail _____

Degree or Certificate Program _____ VA File # (CHPT 35 only) _____

Chapter 30 (MGIB) Chapter 35 (DEA-dependants) Chapter 1606 (Reserve)

Chapter 1607(REAP) Chapter 33 ___% (Post 9/11) Chapter 31 (VocRehab)

Semester	Year	Hours
Summer		
Fall		
Spring		
Mini Mester		

•The following information is provided for certification to the Veterans Administration:

•Have you previously received Federal Military Education Benefits? ___ Yes ___ No

•If Cisco College wasn't the last institution to certify your hours, where were they last certified?

•Is this a change in major? ___ Yes ___ No

If you have changed your degree plan, you must complete Form 22-1995.

•Will you graduate from your program this semester? ___ Yes ___ No



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PLEASE INITIAL AND SIGN THESE STATEMENTS BELOW TO INDICATE YOUR AGREEMENT WITH THE FOLLOWING PROCESS.

Students must complete a VA Enrollment Request every semester and submit a schedule of classes to receive VA Benefits. I understand that online developmental courses and courses that are not required for my degree plan listed above will not be certified by Cisco College.

Courses are reported by term dates, if my courses have different start and end dates outside of a regular semester, I understand that my monthly stipend may be affected.

****If hours are submitted to the VA less than 30 days before the term, there is no guarantee of receiving stipend/book money on time for the start of the term.****

Signature

Date