

**Texas A&M University – Central Texas
Request for VA Certification Form**

SECTION I: (Please Print)

Semester _____ 20__

NAME: _____

SSN: _____

VA CLAIM#: (for Chapter 35 only) _____

ADDRESS: _____

CITY/STATE /ZIP _____

E-Mail Address: _____

FOR VA USE ONLY	
VA CHAPTER#:	_____ CLK INT _____
DATE RECD	_____ SPAPERS _____
SFAREGQ	_____ SGASTDN _____ WOA HOLD _____
PL#315	_____ BKSTR _____ VA ONCE _____
Degree Plan:	_____ DB _____

HOME PHONE: _____

WORK PHONE: _____

CELL NUMBER: _____

ARE YOU ON **ACTIVE DUTY?** YES ___ NO ___ IF YES LIST RANK: _____ USING TA? YES ___ NO ___

List all Texas A&M University – CT courses to be certified.

Student must be enrolled in the courses listed below before submitting for Certification

COURSE PREFIX	COURSE NUMBER	COURSE TITLE	START DATE	END DATE
Example EDUC	502	Educational Sociology	08/24/09	12/10/09

List Course(s) enrolled at other institutions (University or College) that apply towards your Texas A&M –CT Degree Plan.

COURSE PREFIX	COURSE NUMBER	COURSE TITLE	START DATE	END DATE
Example HIST	1301	History of the US to 1877	08/24/09	12/10/09

315: CENTRAL TEXAS COLLEGE TEMPLE COLLEGE UMHB TSTC ACC OTHER

I certify that the courses listed above are on my degree plan.

Student Signature: _____

Date: _____