NASHVILLE STATE COMMUNITY COLLEGE VETERAN'S REQUEST FOR CERTIFICATION

Name:	Student ID #: <u>A00</u>			
Address:Street	City		State	Zip Code
Phone: Home:	Work:		Cell: _	
E-mail Address:				
Term: Fall:Spring:Summe	er: Degree:	Major:		
	Veteran Affairs Chapt	er / Program		
30 (MGIB): 33 (Post-9/11):	31 (Voc Rehab): 35 (Spouse/Dep):	_ 1606/1607	(USAR/NGB):
	CLASS SCHEI	OULE		
COURSE NAME CREDITS	WEB/HYBRID (indicate		Full Term	(indicate with a Y or N
REA	D – IMPORTANT I	<u>NFORMATI</u>	<u>ON</u>	
 I UNDERSTAND THAT I WILL <u>AND COURSES THAT ARE NO</u> I UNDERSTAND THAT I AM R ENSURE COURSES ARE REQU 	<mark>OT REQUIRED FOR MY C</mark> ESPONSIBLE FOR REVIEW	<mark>URRENT DEGRE</mark> ING MY ENROLL	EE PROGRA MENT EACH	<u>M.</u>
3. I AUTHORIZE NSCC TO USE A VETERAN'S EDUCATIONAL B	ND OR RELEASE INFORMA ENEFITS.	ATION CONTAIN		ΓΟ PROCESS MY
 I CERTIFY ALL INFORMATION I UNDERSTAND THAT NO CENTER AND RETURN 	RTIFICATION FORM WILL	BE SENT TO VA U		FORM <u>IS COMPLETED</u>

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Date

Student Signature