

J.F. DRAKE STATE COMMUNITY AND TECHNICAL COLLEGE

VA ENROLLMENT CERTIFICATION REQUEST

I, _____ (Print Name), _____ (Student ID #), request to have my enrollment certified for ____ hours for the _____ semester. I will contact the Veterans Affairs Counselor if changes occur to my enrollment status for the term specified above. Below is a list of all the course(s) that I am registered for this semester. I acknowledge that these courses are in my degree plan. Please attach a copy of your class schedule.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please attach a copy of your class schedule.

Student Signature _____ Date _____

It is the official policy of J.F. Drake State Community and Technical College that no person shall be denied employment, excluded from partaking in, be denied the benefits of, or subjected to discrimination in any program activity, or employment on the basis of gender, race, color, disability, religion, national origin, age, or ethnic group.