

# Enrollment Certification Request Form

This form must be submitted on a quarterly basis.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Chapter: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Check the degree/certificate you will earn at HCC

- (AA) Associate of Arts.....Emphasis \_\_\_\_\_
- (AS) Associate of Science.....Emphasis \_\_\_\_\_
- Associate in Pre-Nursing
- Associate of Business
- (AAS) Associate of Applied Science.....Program: \_\_\_\_\_
- Certificate Program: \_\_\_\_\_

## Class Schedule

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

*Class ID \*\*\* example: "ENG 101, READ 098"*

Class ID: _____	Credits: _____	How are you attending? _____
Class ID: _____	Credits: _____	How are you attending? _____
Class ID: _____	Credits: _____	How are you attending? _____
Class ID: _____	Credits: _____	How are you attending? _____

Advisor Name: \_\_\_\_\_ met with advisor? \_\_\_\_\_

Comments: \_\_\_\_\_

- I verify that the classes listed above fit within my intended degree requirements and that if they do not, I understand that I may not be certified for these courses. In this case, I may have to use **alternate funding sources** outside of my VA education benefits.

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## Completed by Staff

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ Notes: \_\_\_\_\_