

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.

Completed by Staff

Received By: _____ Date: _____

Action Taken: _____ Notes: _____