CLARK STATE COMMUNITY COLLEGE VETERANS ENROLLMENT CERTIFICATION CARD

Date Submitted_____ **Signature**_____

Name/Last, First, Middle _____Social Security Number_____

Street Address_____City_____State/Zip_____

Area Code/Phone Number_____ New Address? ____Yes ____No

Chapter #_____

Major_____ New Major? _____ Yes _____No
If yes, you will need to complete "VA change of major form"

Quarter for certification (check only one) _____Fall ____Winter ____Spring ____Summer A ____Summer B ____Summer C

Course Number (three letters/three numbers)	Course Title	Credit Hours