

NCTA VA CERTIFICATION INFORMATION

(This form needs to be submitted **EACH SEMESTER** or for summer sessions)

Name _____ Local Phone _____

Address _____ Social Security # _____

City, State, Zip _____ File # _____

(Address changes need to be reported directly to VA
at 1-888-442-4551)

(for chapter 35 only)

VA PROGRAM:

Chapter 30 (Active Duty) _____ Chapter 31 (Voc Rehab) _____ Chapter 32 (VEAP) _____

Chapter 35 (Dependent) _____ Chapter 1606 (Guard/ Reserve) _____

	YES	NO
Have you changed your major or college since you were last certified?	_____	_____
Have you drawn benefits at another institution? If so where? _____	_____	_____
Have you submitted your DD 214 & military certificates or diplomas for evaluation?	_____	_____
Have you drawn Veterans benefits at NCTA before? When? _____	_____	_____

DEGREE ATTEMPTING:

Major _____

Degree (Circle One): Associate of Applied Science / Associate of Science / Other _____

Term of enrollment: Fall _____ year Spring _____ year Summer _____ year

Total hours registered for term:	Fall	1 st 8 wks _____	2 nd 8 wks _____	16 wks _____
	Spring	1 st 8 wks _____	2 nd 8 wks _____	16 wks _____
	Summer	4 wks _____	8 wks _____	

	YES	NO
Are any of these hours retakes of D or F, I or NR grades? If yes, list courses and grade received: _____	_____	_____
Is this retake a required course for your major or minor?	_____	_____
Are you currently registered at another institution? Is so, where? _____	_____	_____

SIGNATURE: _____ DATE: _____

RETURN THIS FORM TO THE STUDENT SERVICES OFFICE