**NEBRASKA COLLEGE OF TECHNICAL AGRICULTURE**

**VA Certification Information**

**404 E 7th St**

**Curtis, Nebraska 69025**

**PHONE: 308.367.4124**

**FAX: 308.367.5203**

**Name Local Phone**

**VA Address: Street Social Security #**

**City, Sate, Zip Chapter 35 File #**

**Student ID #**

**(Students Need to Report Address Changes Directly to the VA at 1-888-442-4551)**

**VA PROGRAM**

Chapter 30 Currently On Active Duty? Chapter 33 (Post9/11 Veteran)

Chapter 35 (Dependent/Spouse) Chapter 33 (Dependent/Spouse)

Chapter 1606 (Guard/Reserve) Chapter 1607 (REAP)

Chapter 31 (VOCR)

**YES NO**

**Have you completed an online application (VONAPP) to receive VA Benefits?**

Have you received or drawn VA Education Benefits at another school?

If YES, when-and-where?

VETERANS: Have you submitted a DD 214 or military transcripts to Admissions?

Have you drawn benefits at NCTA before? If YES, when:

If YES, have you changed your major or college since you were last certified?

**DEGREE INFORMATION**: College Major

Term of enrollment: FALL SPRING SUMMER

Year Year Year

Total hours registered for term: FALL 1st 8 Weeks 2nd 8 Weeks 16 Weeks

SPRING 1st 8 Weeks 2nd 8 Weeks 16 Weeks

SUMMER 1st 8 Weeks 2nd 8 Weeks 16 Weeks

**YES NO**

**Are any of these enrolled courses replacing C-, D, F, I or NR grades?**

If YES, list courses and previous grade received:

Is this replacement course required for you major or minor?

**Are you currently registered at another institution?**

If YES, where?

\*\*I understand that it is my responsibility to **notify** the NCTA Veteran’s Clerk of **any changes** in my class schedule. I

understand that I **NEED** to submit this form for each new term of enrollment for VA Education Benefits. My

signature below certifies that I understand these requirements for Enrollment Certification\*\*

**SIGNATURE:** **DATE:**