

VA Class Schedule Certification for Continuing CNM Students
 (Please print this form before visiting Academic Advisement)

Fall 20__
 Spring 20__
 Summer 20__

Section A: To be completed by the student. Please write legibly.

Name: _____
 Last First MI

SSN: _____

Student ID: _____

Mailing address: _____

CNM Program: _____

Catalog Year: _____

Unit/Apt # City/State ZIP

Phone: _____

VA Eligibility:
 Ch. 30—Montgomery GI Bill
 Ch. 31—Vocational Rehab
 Ch. 33—Post 9/11 _____%
 Ch. 35—Dependent VA file/payee #: _____
 Ch. 1606—Reserves/Guard
 Ch. 1607—REAP

Student Status:
 Continuing CNM Student
 Guest Student-Include parent school letter with schedule

Yes	No	Please complete each question
		1. Are there any outstanding academic transcripts from previously attended schools?
		2. Is your CNM program listed below? If so, please list your concentration: _____ ATL, Business Admin, CYFD, CIS, Construction Tech, Early Childhood Multicultural Ed, Fine Arts, Manufacturing Tech, Metals Tech, Office Tech, Teacher Ed, Pre-Health, Transportation Tech, ELTR
		3. Will you be graduating in the program that you are declaring this term?
		4. Will you be participating in the VA Work Study Allowance program? If so, where? _____
		5. (Chapter 33 only) Is your Post 9/11 GI Bill rating less than 100%? If so, our office cannot certify your class schedule unless you have made payment arrangements to cover the % the VA is not paying. Please circle the type of arrangement you have made: Paid in full, Payment plan, Financial aid, other

Submitting a class schedule to a CNM representative does not immediately guarantee that all courses are eligible to be certified. In the event that a course or courses are not certifiable you will be contacted by a CNM VA representative. Also, making any changes after your schedule has been certified may delay future payments or may result in an overpayment.

Student Signature: _____ Date: _____

Section B: To be completed by a CNM Academic Advisor.

- Are all courses on the attached class schedule required for the student's CNM program declared above?
 Yes No If no, list courses*: _____
- Has the student received a passing grade at CNM or any other institute for **ANY** of the courses in which he/she is enrolled in for this term? Yes No Transcripts are pending
 If yes, please list course(s)*: _____
- Highest course placement (not scores) based on Banner SOATEST within the last 5 years:
 ENG _____ MATH _____ RDG _____
- Highest developmental courses required for the declared CNM program: ENG _____ MATH _____ RDG _____
VA Eligible Developmental Courses: ENG, ESOL, MATH, RDG

CNM Academic Advisor Signature: _____ **Print Name:** _____

CNM Phone Ext: _____ **Date:** _____