WESLEYAN UNIVERSITY
VETERAN STUDENT ENROLLMENT CERTIFICATION REQUEST

Please print

I am requesting VA enrollment certification for the _____ semester of 20_____

Name: _____
(Last) (First) (M.I.)

Class Year: _____ **WESID: _____**

Chapter: _____ UH ID#: _____ Chapter 35 VA File#: _____

Address: _____
(Street) (City) (Zip)

Is this a new address: YES ☐ NO ☐

Phone: _____ _____
(Home) (Cell)

Email: _____@wesleyan.edu

Major(s): _____

Are you graduating this semester: YES ☐ NO ☐

You must notify the Registrar's Office if you plan to attend a NRS program, will take a leave of absence, have changed your major, withdraw from the University or drop below the semester hours reported to the VA.

_____ _____
Student's Signature **Date**