REQUEST FOR ENROLLMENT CERTIFICATION 2023

Please Select Requested Term

- ❑ Summer
- ❑ Fall
- ❑ Winter
- ❑ Spring

☐ **POST-9/11 CH 33** ☐ **DEA CH 35** ☐ **MGIB CH 30** ☐ **MGIB CH 1606**

Please Complete & Sign

NAME: _____

CWID #: _____

SIGNATURE: _____ DATE: _____

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Veteran Services Office Use Only

Comments:_____

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