FULLER SEMINAR	Y		VA	ENROLLMEN'	Γ CERTIFI	[CATIO]	N REQ	UEST	
way. Please submit n any way I am respon	ny enrolln sible to bı	luring the quanter the VA ring this to your attention so that under some circumstants.	at this tir o that yo	ne. I understand	l that if I ch	nange my	enroll e	lment ir	
Student ID Number Full Name - First, Middle, Last						Degree Program			
File Number (if different from SSN)  Social Security Number					Birthday				
Home Address									
City			State	Zip code	Phone	e Numbe	r		
	nnge since Ch 30 (M Ch 31 (V	at Fuller or transfer) toward your last claim was submited to the submited on the submited of the submited on	tted?	Ch 35 (Depend Ch 1606 (Mont	lents' Educ	- Selecte	ed Rese	erve)	
5-DIGIT CRN	SEC	CATALOG NUMBER		COURS	COURSE TITLE UNIT			UNITS	
If you are taking a practicum or Site		r internship, please complete the locati Street Address			ation belov ity	w: State	Zip	Code	
I cortify that the abo	vo cource	e are necessary and require	nd for the	acompletion of	thic ctudo	nt's dom	roo nro	aram	

Advisor Signature

Date