



Enrollment Certification Request Form

This form must be submitted on a quarterly basis.

Name: _____ Student ID: _____ - _____ - _____

Email: _____ Phone: _____ - _____ - _____

Please **specify the program** you are enrolled in at Highline:

Class Schedule for **Quarter:** _____ **Year:** _____

Class: _____ Credits: _____

Class: _____ Credits: _____

Class: _____ Credits: _____

Class: _____ Credits: _____

Important: You must submit this form to the Registration Office at Highline Community College before your enrollment will be certified to VA.

Please fax to: 206.870.4855 Or Mail to: Attention: VA Coordinator
Registration and Records 6-4
Highline Community College
2400 South 240th Street
Des Moines, WA 98198

Or turn in at: The Registration front counter in Building 6.

Or scan and email it to: va@highline.edu

***** I have met with an advisor and acknowledge that all classes I wish to be certified for are required classes for my program.**

Signature: _____