

Enrollment/Veteran Benefits Certification Request

Washtenaw Community College - Veterans Center Office



After registering for classes, you must submit this form **EVERY** semester to be certified for benefits.

STUDENT NAME (PRINT): _____

STUDENT ID: @00 _____ WCC PROGRAM CODE: _____

PHONE #: _____ DATE OF BIRTH: _____

PRIOR COLLEGE: Yes No IF YES, COLLEGE(S) NAME: _____

CHAPTER STATUS:

Chapter 33 (Post 9/11)

Chapter 1607 (REAP)

Chapter 33 (Post 9/11) TOE

Chapter 30 (Montgomery GIBILL)

Chapter 31 (Voc Rehab)

Chapter 35 (Dependent/Spouse)

Chapter 1606 (Selected Reserve)

Please initial the following to acknowledge and agree:

- _____ Only classes that are required for my program will be eligible for VA certification
- _____ If I add/drop/withdraw from classes, I will need to resubmit this form
- _____ It is my sole responsibility to take any necessary steps to ensure all education related costs are paid by the payment deadline dates (i.e. financial aid, payment plans, etc).

If you are eligible to receive Post 9/11 benefits, initial the following to acknowledge and agree:

- _____ I understand that WCC will hold my classes from the "drop for non-payment" process beginning 48 hours after submitting this form. I am aware of the payment deadline dates, and have the option to choose the payment plan or I may have to re-register due to my classes being dropped.

I am requesting certification for the following courses:

SEMESTER: _____ YEAR: _____ TOTAL # OF CREDITS: _____

Please write the course codes below (Example: ENG 111)

I request my enrollment to be certified to the VA for the semester listed above. I understand that I need to file a new Request for Certification form each semester in order for my benefits to be certified. Changed to any of the information above requires me to notify the WCC VA Certifying Official immediately and re-submitting a new request form. I have read this form completely and I understand and agree to the policies and procedures on receiving my VA educational benefits with WCC. I am also responsible for knowing the rules and regulations of the VA Educational Program.

SIGNATURE: _____ DATE: _____

(If you type name here, you must email form to veterans@wccnet.edu using your WCC student email account.)

To be completed by the Veterans Center:

Total credit hours approved for VA funding: _____ Comments: _____

Approved By _____ Date: _____