



Washtenaw Community College

ENROLLMENT/VETERAN BENEFITS CERTIFICATION REQUEST FORM

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

Name (print): _____ **Date of Birth:** _____
First Name Last Name MM/DD/YYYY

Phone #: _____ **WCC ID Number: @** _____ **WCC Program Code:** _____

Prior College: Yes No **Have you submitted: Military Transcripts?** Yes No **College Transcripts?** Yes No

If yes, College(s) Name: _____
Use back of form if more room is needed

Chapter Status:

- Chapter 33 (Post 9/11) Chapter 35 (Dependent/Spouse) Chapter 33 (Transfer of Benefits)
- Chapter 31 (Vocational Rehab) Chapter 30 (Montgomery) Chapter 1606 (Selected Reserve)

ALL students, please initial the following to acknowledge and agree:

___ **ONLY COURSES THAT ARE REQUIRED FOR MY ACADEMIC PROGRAM ON RECORD WILL BE ELIGIBLE FOR VA CERTIFICATION**

___ If I add/drop/withdraw from classes, I will need to re-submit 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)

ONLY Post 9/11 & Vocational Rehab students, please 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 I submit this form

I am requesting certification for the following courses:

Semester *(circle one)*: Fall Winter Spring/Summer **Year:** _____ **Total # of Credits:** _____

Please write course codes in the following boxes, Ex: 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 Certification Request form each semester in order for my benefits to be certified. Changes 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 complete form 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:** _____

To be completed by the Veterans Center:

Total credit hours approved for VA funding _____ **Approved by:** _____ **Date:** _____