



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.

First Name (Print): _____ Last Name (Print): _____

WCC Student ID Number: @_____ WCC Program Code: _____

Phone #: _____ Date of Birth: _____

Prior College: Yes No If yes, College(s) Name: _____

Chapter Status:

- Chapter 33(Post 9/11) Chapter 35(Dependent/Spouse) Chapter 31(Voc Rehab)
- Chapter 30(Montgomery GIBILL) Chapter 1606(Selected Reserve) Chapter 1607(REAP)

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, 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 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 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 Request for Certification 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.

- CH 33 – Student instructed to call VA to verify BAH _____
- CH 31 – Student instructed to contact VA counselor to verify BAH _____

Signature: _____ Date: _____

To be completed by the Veterans Center:

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