



Washtenaw Community College

Veteran Benefits Certification Request Form

Name: _____
Please Print

WCC Student ID number: _____

****NEW****

Have you applied for Chapter 33 Post 9/11 Benefits? Y OR N

If YES, you must initial each of the following.

_____ I have applied for Chapter 33 benefits with the Veterans Administration.

_____ I must drop/withdraw my classes and notify the Certifying Official immediately if I decide not to attend.

_____ I am solely responsible for any costs that my benefits do not cover.

_____ I understand that WCC will hold my classes from the drop for non-payment process beginning 48 hours after I have contacted the WCC Certifying Official to confirm that I have selected Chap 33. I may have to re-register if I have not done so due to my classes being dropped.

Semester to be certified for: _____

Number of credit hours registered for: _____

Are you registered in the Fitness Center Y N

Note: In order to certify hours from the Fitness Center to the VA, you must have a degree program declared that will allow elective hours.

Number of credits dropping/withdrawing from: _____

I request to be certified for my Veteran's Benefits for the semester listed above. I understand that each semester I need to file a new Request for Certification form in order for my benefits to be certified. Also if I make changes to my original schedule I must submit a new request form to the Certifying Official in the Student Connections office.

****You must submit this form EVERY semester to request to be certified for benefits****

Signature: _____ Date: _____

