

North Central Michigan College VA REGISTRATION AND CERTIFICATION FORM

Submit this Form Every Semester to Request Certification of Benefits

Student Information: Please Print

Full Name: _____

SSN or Student ID#: _____

Email: _____ Phone Number: (____) _____

Address _____ Zip Code _____

Veteran Educational Benefit (Check One)

____ Chapter 30 Montgomery GI Bill

____ Chapter 31 Vocational Rehabilitation

____ Chapter 33 Post 9/11

____ Chapter 35 Survivor's and Dependents

____ Chapter 1606 Selected Reserve

____ Chapter 1607 REAP

____ Other

ACADEMIC INFORMATION

▶ HAVE YOU COMPLETED COLLEGE CREDITS AT A PRIOR INSTITUTION? YES ___ NO ___

**If you answer "YES", your prior transcripts must be on file at NCMC before additional credits can be certified.

**please note that if you answer "NO" and transcripts exist else where, your certification may be cancelled until provided.

Program of Study Title: _____

____ Associate Degree ____ Certificate ____ Certificate of Development

Semester/Yr: Fall 20 ____ Winter 20 ____ Summer 20 ____

Total Number of Credits to be certified: _____

List course titles and numbers for the requested semester.

Course Name	# Credit Hours
<i>(Example: ENG 111)</i>	<i>(3 cr hr)</i>

Student Certification

I request to be certified for veteran education benefits during the semester listed above. I agree to the NCMC policies and procedures and grant permission to NCMC to release information concerning my education record to U.S. Department of Veteran Affairs; In addition, my address listed above will be updated in the Michigan Veteran Affairs Agency database.

I understand:

- I must update the College and the VA Certifying Official if I adjust my schedule and/or change my program of study.
- I may be required to pay back funds to the VA for non-completed coursework or other non-allowable actions.
- I am responsible for paying my student account balance at North Central.

Signature: _____

Date: _____

Questions? Call: _____	Veteran Resource Representative: 231.348.6820
Mail/Deliver form to: _____	Veteran Services: 1515 Howard Street, Petoskey, 49770
FAX / EMAIL: _____	231.348.6820/ mcolby@ncmich.edu