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:_____________________________________________________
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
____ Other

ACADEMIC INFORMATION

► HAVE YOU COMPLETED COLLEGE CREDITS AT A PRIOR INSTITUTION? ___YES ___NO
**please note that if you answer “NO” and transcripts exist elsewhere, 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:____________
Academic Advisor Approval: ___________Date:___________

List course titles and numbers for the requested semester.
Courses/Credits must be required in the degree/certificate program.

<table>
<thead>
<tr>
<th>Course Name (Example: ENG 111)</th>
<th># Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(3 cr hr )</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Certification

I request to be certified for veteran education benefits during the semester listed above. I understand it is my responsibility to verify my courses satisfy requirements for my current program of study. 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.

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: Academic/Veteran Advisor: Kim Dickinson
Mail/Deliver form to: Veteran Services: 1515 Howard Street, Petoskey, 49770
FAX / EMAIL: 231.348.6704 dickinsonk@ncmich.edu