## 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 :(	Zip Code	Chapter 30 M Chapter 31 V Chapter 33 P Chapter 35 S	tional Benefit (Check One) lontgomery GI Bill locational Rehabilitation lost 9/11 lurvivor's and Dependents S Selected Reserve
ACADEMIC INFORMATION  ► HAVE YOU COMPLETED COLLEGE CREDITS AT A	s and numbers to required in the degre	and numbers for the requested semester. required in the degree/certificate program.	
PRIOR INSTITUTION?YESNO  **please note that if you answer "NO" and transcripts exist else	Course Name		# Credit Hours
where, your certification may be cancelled until provided.	(Example: ENG 1	11)	(3 cr hr)
Program of Study Title:			
Associate DegreeCertificateCertificate of Development			
Semester/Yr: □Fall 20 □Winter 20 □Summer 20			
Total Number of Credits to be certified:			
Academic Advisor Approval: Date:			
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:	estions? Call:	Academic/Veter	an Advisor: Mary Mummaw
Date: Mail/Deliver form		,	
	X / EMAIL:		mummaw@ncmich.edu