

# VETERAN EDUCATIONAL BENEFITS ENROLLMENT INFORMATION

*\*You must complete this form for every semester you want your credits certified\**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
                    First                      Last                                      WMCC email account

STUDENT #: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: **Required**

\_\_\_\_\_ Street                                      Apt #

\_\_\_\_\_ City                                      State                                      Zip

(Be sure to keep your address up to date with our offices & the VA. Use the WAVE to change your address with the VA)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
                    Area code + number                                      Area code + number

**(REQUIRED INFO)**

**ARE YOU:**

- Chapter 30 - Montgomery GI Bill (prior active duty)**
- Chapter 1606 - Montgomery GI Bill (Reserves/National Guard/MO Guard)**
- Chapter 1607- REAP Enhanced benefits after a deployment**
- Chapter 31 - Vocational Rehabilitation**
- Chapter 33 - Post 911**
- Chapter 35 – VA dependent**

Major \_\_\_\_\_ Number of Credits for this Semester \_\_\_\_\_

**Please certify me for the \_\_\_\_\_ Semester.**

\_\_\_\_\_ by signing this form, you also allow the release of  
**SIGNATURE** grades or any other information to the Department of  
Veterans Affairs, National Guard or funding agency.

