

Registrar's Office 2020 Riverside Drive - Berlin, NH 03570 Fax: (603) 752-6335

VETERAN EDUCATION BENEFITS ENROLLMENT INFORMATION

PLEASE PRINT – Complete all information requested below																				
STUDENT ID#	@								OR	SSN										
NAME:	EMAIL: (WMCC email acct.)																			
MAILING A	PHONE NUMBERS																			
Street or PC	Primary Phone:																			
City, State, 2	Secondary Phone:																			
*Be sure to I	keep	your ad	dress u	p to c	date v	vith o	ur off	ices &	& the VA.	Use the \	VAVI	E to c	hang	e you	ır add	dress	with	the V	/A	
ARE YOU: □ Chapter 30 - Montgomery GI Bill (prior active duty) □ Chapter 31 - Vocational Rehabilitation □ Chapter 33 - Post 911 □ Chapter 35 - VA dependent □ Chapter 1606 - Montgomery GI Bill (Reserves/National Guard/MO Guard □ Chapter 1607 - REAP Enhanced benefits after a deployment □ GO-ARMY □ VRAP																				
Current P			De	gree)		ı Ce	ertifi	cate)										
Number of credits for current semester I certify that all of these courses apply to my program of study.															dy.					
Please certify me for the											emester									
You must complete this form for every semester you want your credits certified.																				
	My signature below indicates that I understand I'm allowing the release of grades or any other information to the Department of Veterans Affairs, National Guard, funding agencies or representatives of these agencies.																			
Student Signature:											Date:									