White Mountains Community College

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 #	**A**									***OR***	**SSN**									
NAME:											**EMAIL:** **(WMCC email acct.)**									
MAILING ADDRESS											**PHONE NUMBERS**									
Street or PO Box:											Primary Phone:									
City, State, Zip:											Secondary Phone:									

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

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 Program Major: ☐ **Degree** ☐ **Certificate**

Number of credits for current semester _____ **I certify that all of these courses apply to my program of study.**

Please certify me for the ☐ **Fall Semester** ☐ **Spring Semester** ☐ **Summer Semester** **Year**_____

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:*** _____