



Wayne County Community College District
 VETERANS AFFAIRS OFFICE
 REQUEST FOR VA CERTIFICATION

LOCATION: Downriver___ Downtown___ Eastern___ Northwest___ Western___ District Office___

PLEASE PRINT

- | | | |
|--|--|--|
| <input type="checkbox"/> New GI Bill – Chapter 33 | <input type="checkbox"/> Voc. Rehab – Chapter 31 | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> Old GI Bill – Chapter 30 | <input type="checkbox"/> Spouse/Child – Chapter 35 | _____ |
| <input type="checkbox"/> Reservist – Chapter 1606 | <input type="checkbox"/> Current Service Person (TA) | _____ |
| <input type="checkbox"/> Reservist Chapter 1607 (REAP) | <input type="checkbox"/> My CAA | _____ |

Name _____ Student A # _____
 Address _____
 VA Claim# _____
 City _____ State _____ Zip _____ Telephone _____
 Email _____ Date of birth (month/day/year) _____

Have you previously received or applied for Veteran Educational Benefits? Yes___ No___

Have you previously received or applied for Veteran Educational Benefits at Wayne County Community College District? Yes___ No___

Have you received or applied for Veteran Educational Benefits at another college prior to your enrollment at Wayne County Community College District? Yes___ No___

Please note: Previous school(s) transcripts must accompany this request.

Number of credit hours completed at other college(s) _____

Number of credit hours completed at Wayne County Community College District _____