

2024–2025 Enrollment Certification Form

Armed Forces Student Center
800 Main Street, Room C-016
Pewaukee, WI 53072
262.691.5431 (Phone); 262.691.5123 (Fax)
veterans@wctc.edu

Directions: Complete all of the information listed on both sides of this form and return it to the Armed Forces Student Center each semester **after** registering for the semester you are seeking certification.

Name (First, Middle, Last) _____

Date of birth (mm/dd/yyyy) _____ Social security number _____

Student ID number _____

Local address _____ City, State, Zip _____

New Address Yes No Email address _____ Phone _____

Benefit Program

(Please check one)

Chapter 30 (Active Duty GI Bill)

Chapter 35 (spouse or dependent)
VA Claim # (required) _____

Chapter 31 (Vocational Rehabilitation)

Chapter 1606 (Reserve/National Guard)

Chapter 1607 (REAP)

Chapter 33 (Post 9/11 GI Bill)

Spouse Dependent

In lieu of Chapter 30 Chapter 1606

Chapter 1607

WI GI Bill

National Guard Tuition Grant

Other (please specify) _____

Enrolled in Associate Degree Technical Diploma Certificate

Your status Continuing student Returning student New student Transfer

Program name _____

WCTC CAN ONLY CERTIFY COURSES REQUIRED FOR YOUR PROGRAM.

I am requesting certification for the following semester: Fall Spring Summer

Are you graduating from WCTC this semester? Yes No

How many credits are you enrolled for this semester? 6-8 9-11 12+

POST 9/11 STUDENTS NEED TO BE IN AT LEAST 7 CREDITS TO RECEIVE BAH PAYMENTS

Are you taking any remedial/deficiency (below 100-level) courses? Yes No

Need determined by: Test Interview

List any repeated course(s) this term _____ Previous grade(s)

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Veteran Benefits Payment Agreement

A copy of this agreement will be sent to your email upon certification of enrollment to the VA.

(Please initial each statement)

_____ I must submit all required paperwork according to the VA Benefits Checklist with the WCTC school certifying official.

_____ Payment of veterans education benefits requires a student to be enrolled in and attending class. Classes that do not run from term start to term end may affect VA payment depending on your class schedule (e.g. short-term and interim classes may run fewer than 12 weeks and may not meet the credit requirement for full-time status for the entire length of the term).

_____ If I add drop or add courses or fail to re-enroll in a semester for which certification was requested, it is my responsibility to notify the WCTC school certifying official immediately. Changes in enrollment could result in an overpayment, which may require repayment of monies received.

_____ ****UPDATED**** In order to maintain satisfactory academic progress, you must earn at least a 2.0 term grade point average and successfully complete 67% of the credits you attempt.
To reference this policy go to: www.wctc.edu/academic-progress

_____ A veteran may only be certified for courses that are required, a prerequisite, substitute or elective needed for their selected program as specified on the curriculum.

_____ I understand once I register for my next term I need to complete a new Enrollment Certification Form. If I do not complete a new form each semester I understand I will not receive my benefits.

_____ **Chapter 30, 1606 and 1607 recipients** must verify continuing enrollment monthly online at – www.gibill.va.gov/wave/index.do or toll-free phone 877.823.2378.

_____ **Chapter 33 Post 9/11 recipients:** Tuition and fees will be taken from the first payment on your student account regardless of the source. If financial aid comes in first, tuition will be taken out of this funding. When the VA benefits are processed, you will be refunded.

_____ **Chapter 33 Post 9/11 recipients** who withdraw or fail to attend class are responsible for repaying housing, book stipend, tuition and fees to the VA.

_____ Students using FTA (Federal Tuition Assistance) are responsible for giving the FTA vouchers to the school certifying official at the start of the term.

By signing, I certify that I have read and understand the information provided on this form. I also give permission for the school certifying official to review my educational records and release information regarding VA education benefits as requested by state, federal or other agencies.

Signature _____ Date _____