

# KCC VETERANS CERTIFICATION REQUEST

Attach copy of class schedule when completed.

- Type of Benefits:**
- |  |  |
|--|--|
| <input type="checkbox"/> Chapter 30 (former active duty) | <input type="checkbox"/> Chapter 35 (dependent of vet) |
| <input type="checkbox"/> Chapter 1606 (reservist)        | <input type="checkbox"/> Chapter 31 (voc rehab)        |
| <input type="checkbox"/> Chapter 1607 (REAP)             | <input type="checkbox"/> Chapter 33 (post 9-11)        |

**Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_  
                    First                                    Middle                                    Last

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**My program of study is:** \_\_\_\_\_

By my signature below I understand that I must promptly report all enrollment changes to the Office of Financial Aid. I must notify the certifying official if I change my program of study. I understand that failure to report enrollment changes pay result in an overpayment in benefits for which I am solely responsible for.

\_\_\_\_\_  
**Student Signature** \_\_\_\_\_ **Date**

|  |               |
|--|---------------|
| <b>Academic Advisor: Please review KCC transcript before completing.</b>   |               |
| I have met with the above student and have reviewed the courses he/she intends to register for this semester. Student is being advised out of the _____ year catalog for the following certificate or associate program: _____. Only courses necessary (includes remedial) for the completion of the declared program may be approved. |               |
| Student has enrolled for _____ credits for the _____ semester.   | <b>Yes/No</b> |
| Student repeating any courses?   | _____         |
| Student completing a program of study this semester?   | _____         |
| Are any of the courses not required? If yes, please list   | _____         |
| Any internet courses?  | _____         |
| _____<br><b>Advisor Signature</b>  |               |

*For Office Use Only*

|                       |                     |
|-----------------------|---------------------|
| Total Credit _____    | Preliminary _____   |
| Remedial Credit _____ | Final _____         |
| Distance Credit _____ | Tuition/ Fees _____ |

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Office of Financial Aid  
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