



Wytheville Community College  
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**VETERANS AFFAIRS-CHANGE OF COURSES CERTIFICATION REQUEST**

**Student Information:**

NAME: \_\_\_\_\_  
 (First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ SSN# or File #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Academic Information:**

Academic Term: \_\_\_\_\_

**Course Elections:**

COURSE NAME:	COURSE #:	CREDIT HOURS:	ADDED or DROPPED	Date:

Total credit hours after the above Add/Drop(s) \_\_\_\_\_

**TUITION AND FEES ARE TO BE PAID BY THE STUDENT ACCORDING TO THE DATES SET FORTH IN THE ACADEMIC CALENDER. STUDENTS' CLASSES WILL NOT BE CERTIFIED WITH THE VA UNTIL PAYMENT FOR TUITION AND FEES HAS BEEN MADE. VA BENEFITS ARE REIMBURSEMENTS, NOT SCHOLARSHIPS. THE ONLY EXCEPTIONS ARE THOSE STUDENTS WHO HAVE BEEN APPROVED FOR VMSDEP, CH 31, OR CH 33 BENEFITS.**

I certify that the above information is accurate, and I acknowledge the fact that I must personally notify the VA Certifying Official immediately if I make any changes in the above course elections. I further understand that the U.S. Government has provisions prohibiting duplication of Federal benefits. I authorize release of my academic record information to the Veterans Affairs Office for the purpose of clarification to ensure my receipt of Educational Training Benefits. As the student I understand it is my responsibility to read the WCC's handbook and the academic policies. If I have questions, I need to ask the VA Certifying Official for clarification.

**CAUTION: Carelessness in filling out this form, lack of complete information, or failure to report subsequent changes may result in delayed allowance or loss of benefits.**

SIGNATURE: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 (Cannot process without signature)