



Wayne County Community College District
VETERANS AFFAIRS OFFICE
AFFIDAVIT

LOCATION: Downriver___ Downtown___ Eastern___ Northwest___ Western___ District Office___

This is to verify my understanding that I must inform Wayne County Community College District Veterans Affairs Department of any changes in my enrollment such as adding or dropping a course.

I further understand that if I do not report the changes in my enrollment that Wayne County Community District will report to the Veterans Affairs Department the first day of classes as my withdrawal date resulting in non-payment for the course that was dropped.

I will also have all my instructors sign my progress appraisal form indicating the grade I received and my last date of attendance.

MY SIGNATURE INDICATES THAT I UNDERSTAND AND ACCEPT THE CONTENT OF THIS AFFIDAVIT OF RESPONSIBILITY.

Please Print

Last name _____ First name _____

Student A # _____

Signature of benefits recipient

Date