



Office of the Registrar
1903 W. Michigan Avenue
Kalamazoo, MI 49008-5256
Phone: (269) 387-4115
Fax: (269) 387-3545

Veterans' Certification Information

Please complete the following information:

Social Security Number:

WIN (Western Identification Number):

Date of Birth:

First Name: MI

Last Name:

Address:

City:

State: Postal Code:

Telephone (include area code):

E-mail:

Are you applying for Tuition Assistance? Yes No

Are you a returning WMU Veteran? Yes No

Please check the branch in which you serve(d):

- Air Force Marines
Army Navy
Coast Guard

Semester last attended:

- Fall Year
Spring
Summer I
Summer II

Semester(s)/Session(s) for which you will be registered and require VA benefits:

- Fall Year
Spring
Summer I
Summer II

Please check the appropriate box to request GI Bill Benefit(s):

- Veteran: Active Duty National Guard Reservist REAP 1607 Chapter 33 * Yellow Ribbon Program *
Dependant: Chapter 33 Disabled - Chapter 35

* Student must be 100% eligible for the Post 9/11, Chapter 33 GIBILL to receive the Yellow Ribbon Program.

In order to receive Veterans benefits through Western Michigan University, please carefully read the following:

- I must complete a Veterans' Affairs Certification Information Form each year that I will attend classes at WMU.
My enrollment certification cannot be submitted without my permission.
For address changes, I must complete a Change of Address Form available from the Veterans' Affairs Certifying Official.
I must notify the Veterans' Affairs clerk within 15 days of dropping, adding, withdrawing, or failing any course(s). Veterans' affairs will change my benefit eligibility effective enrollment change date.*
Advance payment is available to me with at least 35 days prior notice. Checks will be mailed directly to the school and released to me upon verification of my enrollment.
I understand that I am responsible for any payments not covered by the VA.

Note: A change to your registration and/or attendance could result in payment changes.

I have read and understand the terms above regarding my Veterans benefits at Western Michigan University.

Signature:

Date: