



# Veterans' Certification Form

## Please complete the following information:

WIN (Western ID) \_\_\_\_\_

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

Previous schools attended: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit a copy of your DD214 and a copy of your Certificate of Eligibility once you receive them from the VA. The VA requires we have a copy in your file.

Semester last attended:

- |                                    |       |
|------------------------------------|-------|
|                                    | Year  |
| <input type="checkbox"/> Fall      | _____ |
| <input type="checkbox"/> Spring    | _____ |
| <input type="checkbox"/> Summer I  | _____ |
| <input type="checkbox"/> Summer II | _____ |

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

- |                                    |            |
|------------------------------------|------------|
|                                    | Year       |
| <input type="checkbox"/> Fall      | 2024 _____ |
| <input type="checkbox"/> Spring    | 2025 _____ |
| <input type="checkbox"/> Summer I  | 2025 _____ |
| <input type="checkbox"/> Summer II | 2025 _____ |

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

- |  |  |
|--|--|
| <b>Veteran:</b>                                  | <b>Dependent:</b>                              |
| <input type="checkbox"/> Active Duty             | <input type="checkbox"/> Chapter 33            |
| <input type="checkbox"/> National Guard          | <input type="checkbox"/> Disabled - Chapter 35 |
| <input type="checkbox"/> Post 9/11 (Chapter 33)* | Name of veteran _____                          |
| <input type="checkbox"/> Reservist               |  |

Will you also be using **MINGSTAP**?  Yes  No  
If yes, for which term(s)?  Fall  Spring  Summer I  Summer II

## 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 VA Certifying Official within 15 days of dropping, adding, withdrawing, or failing any course(s). Veterans' Affairs will change my benefit eligibility effective on the enrollment change date.\*
- Submit all transcripts from previous schools to the Office of Admissions.
- Submit a copy of my DD214 to the VA Certifying Official.
- I understand that I am responsible for any payments not covered by the VA.

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