



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):

- | | |
|--|--|
| Veteran: | Dependent: |
| <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: _____