



**WESTERN MICHIGAN UNIVERSITY**  
Office of the Registrar

1903 W. Michigan Ave  
Kalamazoo, MI 49008-5256  
(269) 387-4300  
wmich.edu/registrar

# 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):

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Air Force   | <input type="checkbox"/> Marines |
| <input type="checkbox"/> Army        | <input type="checkbox"/> Navy    |
| <input type="checkbox"/> 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      | 2025 |
| <input type="checkbox"/> Spring    | 2026 |
| <input type="checkbox"/> Summer I  | 2026 |
| <input type="checkbox"/> Summer II | 2026 |

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)* |  |
| <input type="checkbox"/> Reservist               | Name of veteran _____                          |

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: