



Veterans' Certification Form

Please complete the following information:

WIN (Western ID) _____ Date of Birth _____

First Name _____ MI _____

Telephone (include area code): _____

Last Name _____

E-mail (WMU e-mail preferred): _____

Address: _____

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

City: _____

	Year
<input type="checkbox"/> Fall	2026
<input type="checkbox"/> Spring	2027
<input type="checkbox"/> Summer I	2027
<input type="checkbox"/> Summer II	2027

State: _____ Postal Code: _____

VA requires that the School Certifying Official has a copy of the Certificate of Eligibility on file. If you have not submitted it yet, please do so with this for.

Are you applying for Army Tuition Assistance? Yes No

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

Are you a returning WMU Veteran? Yes No

<input type="checkbox"/> Air Force	<input type="checkbox"/> Marines
<input type="checkbox"/> Army	<input type="checkbox"/> Navy
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Space Force

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

Veteran:

Dependent:

- Active Duty (MGIB-AD Chapter 30)
- Select Reserve (Chapter 1606)
- Post 9/11 Chapter 33)

- Post 9/11 (Chapter 33)
- Disabled (Chapter 35)

Name of Veteran _____

For Michigan National Guard Students

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 academic year as in which I am utilizing VA benefits.
- This form authorizes the School Certifying Official to submit my enrollment information to the VA for certification.
- For address changes, I must complete a change of address with WMU per the instructions located at: <https://wmich.edu/registrar/policies/address-change>.
- I must notify the VA Certifying Official within 15 days of dropping, adding, or withdrawing any course(s). Veterans' Affairs will change my benefit eligibility effective on the enrollment change date.*
- I must have a copy of the VA Certificate of Eligibility on file with the School Certifying Official.
- I understand that I am responsible for any payments not covered by the VA.
- I am responsible for and must comply with monthly verification of enrollment, as required by the type of benefits I am using.

* Dropping, adding, withdrawing, or failing any course(s)/changes in attendance could result in payment changes.

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

Signature: _____

Date: _____

Submit completed form to School Certifying Official at regi-va-coord@wmich.edu