



University of Michigan Veterans Benefits Certification Request

Name _____
(Last) (First) (Middle)

Last 4 digits of SSN _____ UMID _____

Mailing Address _____ Apt. _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail Address _____

Residency Classification Status: In-State _____ Out-of-state _____

Veteran Benefit Information:

Which benefit do you want to receive? (Check One)

- _____ Chapter 33 NEW Post 9/11 GI Bill® (Effective August 2009)
- _____ Chapter 30 Montgomery GI Bill® – Current/Former Active Duty
- _____ Chapter 1606 Montgomery GI Bill® – Selected Reserve
- _____ Chapter 35 Survivors' & Dependents' Educational Assistance VA File Number _____
- _____ Chapter 31 Vocational Rehabilitation & Employment Program

Are you a: New Student _____ Returning Student _____ Transfer Student _____

Are you a: Veteran _____ Reservist/National Guard member _____ Dependent of Veteran _____ Spouse of Veteran _____

Are you currently on Active Duty? Yes _____ No _____

Academic Information:

Current Degree Program (e.g.: B.S.E. in Electrical Engin.) _____

Term of enrollment: _____ 20 _____ Expected date of graduation: _____ / _____
(e.g.: Fall 2014) Month Year

List course elections for term:

Do not list official visits, audits, or waitlisted courses. Identify any courses you are repeating with an asterisk (*).

We do not need class #, only subject and catalog #. Example: Chem 121

Subject	Catalog #	Credit Hours	

Subject	Catalog #	Credit Hours	

Total number of credit hours elected for this term _____

The completion of this form authorizes the Veterans Certification Department to certify my enrollment and provide academic record information to the Department of Veteran Affairs to ensure the receipt of Educational Training Benefits. I understand that I must complete this form each semester in order to receive benefits. It is my responsibility to notify the Veterans Certification Department immediately upon adding, dropping, or withdrawing from a course.

Student's Signature

Date

Please submit completed form by email to ro.vetsbenefits@umich.edu. For questions, please call (734) 763-9066.