



Western International University™

Where success is highly individualized.

Office of Veterans Services Veterans Responsibility Letter

Name: _____

Chapter: _____

Last 4 of SSN#: _____

Campus: _____

I UNDERSTAND THAT:

- ◆ I understand that I must complete the Western International University (WIU) Office of Veterans Services Veterans Administration (VA) Benefits Application Packet and submit all documents to the WIU Office of Veterans Services in order to receive VA benefits.
- ◆ I understand that I must include a copy of my DD-214 with my WIU VA Benefits Application Packet, or if I am still active military, must have my Education Officer sign my VA Application.
- ◆ I understand that I must forward a copy of my Certificate of Eligibility if I wish to utilize the Post 9/11 GI Bill (Chapter 33) Benefits.
- ◆ I understand that before my courses can be certified by the WIU Office of Veterans Services, I must submit a completed **“Western International University Office of Veterans Services Request for Certification of Classes”** form to the WIU Office of Veterans Services. A completed Certification Form will be required for each course eligible for VA benefits. Failure to do so will result in delays in benefit payments.
- ◆ I understand that changes to my schedule may cause my VA benefits to be cancelled, postponed, or may change the amount of money that I am eligible to receive and I will notify the WIU Office of Veterans Services immediately upon such schedule changes.
- ◆ I understand that I must notify the WIU Office of Veterans Services if I change my degree objective (College and/or Major), or if I change any course after I have requested certification.
- ◆ I agree, and understand that, in order for the U.S. Department of Veterans Affairs to consider me as a full time student, I must be in at least six (6) credit hours per month if I am an undergraduate student or three (3) credit hours per month if I am a graduate student.
- ◆ I understand that all classes I take must apply toward my declared degree objective.
- ◆ I understand that WIU will defer payment of tuition for VA benefits if I place on file a valid credit card to be charged 60 days from the start of each class.
- ◆ WIU does not participate in the “Advanced Payment” or “Accelerated Payment” programs offered by the VA.
- ◆ I understand that ALL VA Benefits are paid directly to me, the student, and not to WIU (with the exception of VA Chapters 31 and 33).

I have read and understand the above statement and hereby authorize Western International University to release confidential information about me to process my educational entitlements to the Federal and State VA. I understand a file on my coursework and certifications will be maintained to comply with State and Federal VA regulations regarding reporting and record keeping. I further understand that information about me cannot be released to anyone other than myself, and that I must take responsibility for contacting the WIU Office of Veterans Services with any questions regarding my file. All information in the WIU Office of Veterans Services records which is personally identifiable to any student shall be kept confidential and not released except upon prior written consent of myself, upon lawful subpoena, or other order of VA or Federal court of competent jurisdiction.

Signature _____ Date _____



Office of Veterans Services Request For VA Certification Of Classes

VETERAN'S NAME: _____

VA FILE OR SS NUMBER: _____ MAJOR: _____

CURRENT ADDRESS: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

CHECK IF NEW ADDRESS: _____

VA PROGRAM YOU ARE IN:? _____

- CHAPTER 30 (MONTGOMERY GI BILL)
- CHAPTER 31 (VA VOCATIONAL REHAB.)
- CHAPTER 32 (VIETNAM ERA, VEAP)
- CHAPTER 33 (POST 9/11 GI BILL)
- CHAPTER 35 (SURVIVORS, DEPENDENTS)
- CHAPTER 1606 (SELECTED RESERVE)
- CHAPTER 1607 (SELECTED RESERVE, ACTIVE DUTY-REAP)

CLASSES WILL BE CERTIFIED ONLY WHEN ACCOMPANIED BY THIS FORM

MONTH	LOCATION	COURSE
IE: JUNE/JULY	IE: MAIN, FORT, ETC	IE:MGT/445

STUDENT'S SIGNATURE: _____

DATE: ___/___/___



REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING
For Veterans, Servicepersons, & Members of the Selected Reserve

IMPORTANT: Please read the attached instructions before completing this form. Please type or use ink to complete the form. If you need more space, use the back of this form and write the item number next to your answer.

2. FIRST-MIDDLE-LAST NAME OF APPLICANT		3A. HOME TELEPHONE NO. <i>(Include Area Code)</i>	1. VA FILE NUMBER AND/OR SOCIAL SECURITY NUMBER
4. MAILING ADDRESS <i>(No. and address or rural route, city or P.O., State and ZIP Code)</i>		3B. WORK TELEPHONE NO. <i>(Include Area Code)</i>	
		5. ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

YOUR PROGRAM

6. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD? <i>(Highest degree or occupation)</i>	7. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING? <i>(Specific degree, major, certificate, diploma)</i>
8. HOW WILL YOU TAKE THIS TRAINING? <input type="checkbox"/> SCHOOL ATTENDANCE <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING <input type="checkbox"/> INDEPENDENT STUDY DISTANCE LEARNING/INTERNET <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> COOPERATIVE TRAINING <input type="checkbox"/> FLIGHT TRAINING	
9A. NAME AND ADDRESS OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT <i>(Include city, State, and ZIP Code)</i>	9B. NAME AND ADDRESS OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT <i>(Include city, State, and ZIP Code)</i>
10. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT.	

CURRENT DEPENDENCY INFORMATION

ANSWER ONLY IF YOU'RE RECEIVING CHAPTER 30 (MGIB) BENEFITS AND SERVED ON ACTIVE DUTY BEFORE JANUARY 2, 1978.

11A. ARE YOU CURRENTLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	12. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM?
11B. SPOUSE'S NAME	13. DO YOU CLAIM ANY PARENTS AS DEPENDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO

CURRENT ACTIVE DUTY INFORMATION

14. ARE YOU NOW ON ACTIVE DUTY?
 YES *(IF "YES," GIVE DATE ACTIVE DUTY BEGAN)* _____ NO *(IF "NO," GO TO ITEM 16A)*

15. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING?
 YES NO **(BE SURE TO HAVE YOUR EDUCATION SERVICE OFFICER COMPLETE ITEM 17.)**

CERTIFICATION AND SIGNATURE OF APPLICANT

I HEREBY CERTIFY THAT all my statements on this form are true and complete to the best of my knowledge and belief.
 PENALTY: Willful false statements as to a material fact in a claim for educational benefits is a punishable offense and may result in forfeiture of these and other benefits, and in criminal penalties.

16A. SIGNATURE OF APPLICANT <i>(Do Not Print)</i>	16B. DATE SIGNED
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CERTIFICATION NEEDED FOR PERSONS ON ACTIVE DUTY

(THIS ITEM DOESN'T APPLY TO SELECTED RESERVISTS OR VETERANS NOT ON ACTIVE DUTY.)

I CERTIFY THAT this individual is a member of the Armed Forces and has consulted with me regarding his or her education program.

17A. SIGNATURE, TITLE, AND BRANCH OF SERVICE OF EDUCATION SERVICE OFFICER	17B. DATE SIGNED
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INSTRUCTIONS & INFORMATION

When Should You Use This Form?

You should use this form if:

- you're changing schools, **or**
- you're changing your educational, professional, vocational goal, **or**
- you left your program due to unsatisfactory attendance, progress, or conduct; and you're now reentering the same program, **or**
- you were receiving VA education benefits as a veteran and now wish to receive benefits while on active military duty.

Instructions for Specific Items on the Form

Most items on this form request information that you know. Here are a few things you should keep in mind when completing the following items:

- Item #1** The number that appears on your benefit checks and on all mail we've sent is your VA File number. Usually your Social Security number is your VA file number. Write your Social Security number in item #1. If you also have a VA File number that's different from your Social Security number, write it in the box as well.
- Item #6** Here are some examples of what we mean by "goals":
- Educational goal: GED certificate, high school diploma, bachelor degree, master degree, Ph.D
 - Profession goal: lawyer, physician, teacher, physical therapist, medical technologist, medical records librarian
 - Vocational goal: stenographer, machinist, electronic technician, X-ray technician, radio and TV service technician, automobile mechanic, practical nurse
- Item #9A** If you're changing schools or training establishments, show your **new** school or training establishment here.
- Items #11, 12 & 13** If you're receiving Montgomery GI Bill benefits (also known as chapter 30 or MGIB) and you had military service before January 2, 1978, you may qualify for increased education benefits for having dependents. Complete a VA Form 686c if there's been a change in your dependents.
- Item #17** Your Education Service Officer must sign the form if you're on active duty. This doesn't apply if you're in the Selected Reserves, or if you're been discharged from service.

If You Need Help

If you need help in completing this form, or if you want information about our work-study program or direct deposit, call us toll free at 1-888-GI-BILL-1 (1-888-442-4551.) If you're hearing impaired call 1-800-829-4833. Please call 1-800-827-1000 if you want a VA counselor to help you in planning your program. You can also contact us through our home page on the World Wide Web (internet.) Our national home page address is:

<http://www.gibill.va.gov>



DIRECT DEPOSIT ENROLLMENT

IMPORTANT: You can use this form to enroll in Direct Deposit or to make a change to an existing direct deposit account. Please read the Privacy Act and Respondent Burden information shown below.

ATTENTION VA BENEFICIARY!
WE'VE MADE ENROLLING IN DIRECT DEPOSIT EASIER THAN EVER!

CALL TOLL FREE - 1-877-838-2778
or TDD 1-800-829-4833(Telephone Device for the Hearing Impaired)

Direct Deposit is the safest, fastest and most cost efficient method to receive your payment. In addition, you no longer have to worry about your check being late, lost, or stolen. NOTE: The "Debt Collection Improvement Act of 1996" which was signed into law on April 26, 1996 required all Federal payments to be made by Electronic Fund Transfer (EFT or Direct Deposit) beginning January 1, 1999. Waivers will be available where the conversion from paper checks imposes a hardship. Write to the address shown below for more information concerning a waiver. To have your VA compensation, pension, chapter 30 or 1606 education, or spina bifida payment deposited into your account right away with Direct Deposit just call VA's toll-free number above or complete this form and mail to:

Department of Veterans Affairs
125 S. Main Street Suite B
Muskogee OK 74401-7004

When you call, be sure to have a personal check or bank statement available as well as your VA Claim Number or Social Security Number. The VA representative will ask for information from these documents to start your Direct Deposit. If you prefer to enroll by mail, just complete the information below, and attach a voided personal check from your checking account or call your Financial Institution and verify the information requested below for a savings account.

SECTION I - VA BENEFICIARY INFORMATION

NAME OF BENEFICIARY (Last, First, MI) (Please Print)

BENEFICIARY CLAIM NUMBER

TYPE OF BENEFIT

COMPENSATION PENSION EDUCATION (CHAPTERS 30 & 1606) CHAPTER 18 CHAPTER 31

VA CLAIM NUMBER OR SOCIAL SECURITY NUMBER

TELEPHONE NUMBER (PLEASE PROVIDE YOUR TELEPHONE NUMBER IN THE EVENT THAT WE NEED TO CONTACT YOU) (INCLUDE AREA CODE)

DAYTIME TELEPHONE NUMBER

EVENING TELEPHONE NUMBER

SECTION II - FINANCIAL INSTITUTION INFORMATION

PLEASE ATTACH A VOIDED PERSONAL CHECK AND SKIP TO SECTION III OR CALL YOUR FINANCIAL INSTITUTION FOR THE FOLLOWING INFORMATION:

ROUTING TRANSIT NUMBER

ACCOUNT NUMBER (PLEASE CHECK THE APPROPRIATE BOX CHECKING SAVINGS)

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

TELEPHONE NUMBER OF FINANCIAL INSTITUTION (INCLUDE AREA CODE)

SECTION III - PAYEE CERTIFICATION

I CERTIFY THAT I am entitled to the payment above, and that I have read and understand this form. In signing this form, I authorize my payment to be sent to the financial institution named above, to be deposited to the designated account.

SIGNATURE OF PAYEE (Do NOT print)

DATE SIGNED

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. An example of a routine use is that the information will be used to process the payment data from VA to the beneficiary's designated financial institution. Your obligation to respond is voluntary.

Important Notice About Information Collection: We need this information to ensure proper transmission of your funds via electronic transfer to your financial institution (31 CFR 208.3 and 210.4). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 2 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.