



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  
SURVIVORS' AND DEPENDENTS' EDUCATION ASSISTANCE  
(Under Provisions of Chapter 35, Title 38, U.S.C.)**

**PART I - ALL APPLICANTS**

1. NAME OF APPLICANT <i>(First, Middle Initial, Last)</i>		2A. VA FILE NUMBER	2B. SUFFIX LETTER
3. NAME OF VETERAN <i>(First, Middle Initial, Last)</i>		4A. VETERAN'S SOCIAL SECURITY NO.	4B. APPLICANT'S SOCIAL SECURITY NUMBER
5. MAILING ADDRESS <i>(Number and street or rural route, city or P.O., State and 9 DIGIT ZIP Code)</i>			6. IF YOU ARE OR HAVE EVER BEEN ON ACTIVE MILITARY DUTY, GIVE THE DATE (MONTH, DAY, YEAR) YOU BEGAN THIS ACTIVE DUTY
7. 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			

**PART II - SPOUSES AND SURVIVING SPOUSE ONLY**

8. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR AN ANNULMENT PENDING?  <input type="checkbox"/> YES <input type="checkbox"/> NO	9. IF YOU ARE THE SURVIVING SPOUSE, HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN?  <input type="checkbox"/> YES <input type="checkbox"/> NO
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**PART III - YOUR PROGRAM**

10. WHAT EDUCATIONAL, PROFESSIONAL, OR VOCATIONAL GOAL ARE YOU WORKING TOWARD? <i>(Highest degree or occupation)</i>	11. WHAT IS THE NAME OF THE PROGRAM YOU'RE REQUESTING? (SPECIFIC DEGREE, MAJOR, CERTIFICATE, DIPLOMA)
12. 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 <input type="checkbox"/> CORRESPONDENCE (SPOUSES AND SURVIVING SPOUSES ONLY) <input type="checkbox"/> COOPERATIVE TRAINING	
13A. NAME AND ADDRESS (CITY, STATE, AND ZIP CODE) OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT	13B. NAME AND ADDRESS (CITY, STATE, AND ZIP CODE) OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT
14. TELL US <b>WHEN</b> AND <b>WHY</b> YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT	

**CERTIFICATION AND SIGNATURE OF APPLICANT**

**I CERTIFY THAT:** all statements in my application are true and complete to the best of my knowledge and belief.

**PENALTY:** Making willfully false statements as to a material fact in a claim for education benefits in a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

15A. SIGNATURE OF APPLICANT <i>(DO NOT PRINT)</i>	15B. DATE SIGNED
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**PRIVACY ACT INFORMATION:** No benefits may be paid unless a completed application has been received (38 U.S.C. 3471). The information requested on this form is necessary to determine your eligibility to education benefits. The responses you submit are considered confidential (38 U.S.C. 5701), and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28. Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to review through computer matching programs with other agencies for the purposes of eligibility verification and debt collection.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-GI-BILL-1 (1-888-442-4551) for mailing information on where to send your comments.

## INSTRUCTIONS AND INFORMATION

### WHEN SHOULD YOU USE THIS FORM?

You should use this form if:

- You're changing schools, **or**
- You're changing your educational, professional, or vocational goal, **or**
- You left your program due to unsatisfactory attendance, progress, or conduct; and you're now reentering the same program.

### 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 2	The number that appears on your VA benefit checks and all mail that we've sent you is your VA File Number. Usually, the veteran's Social Security number is your VA file number. Write this Social Security number in Item 2 unless you also have a VA file number that is different than the veteran's Social Security Number.
ITEM 4B	Show your Social Security Number. (This is a required entry.)
ITEM 10	Here are some examples of what we mean by "goals:" <ul style="list-style-type: none"> <li>▪ Educational goals: GED certificate, high school diploma, bachelor degree, master degree, Ph.D.</li> <li>▪ Professional goals: lawyer, physician, teacher, physical therapist, medical technologist, medical records librarian</li> <li>▪ Vocational goals: stenographer, machinist, electronic technician, X-ray technician, radio and TV service technician, automobile mechanic</li> </ul>
ITEM 13A	If you're changing schools or training establishments, show your new school or training establishment here.

**Where Should You Send This Form?** Find the state where you'll be attending school or job training. Mail your completed form to the post office box for that regional processing office.

<b>Eastern Region:</b> <b>VA Regional Office</b> <b>P. O. Box 4616</b> <b>Buffalo, NY 14240-4616</b>				<b>Central Region:</b> <b>VA Regional Office</b> <b>P. O. Box 66830</b> <b>St. Louis, MO 63166-6830</b>			
<b>Serving the following states:</b>				<b>Serving the following states:</b>			
CT	DE	DC	ME	CO	IA	IL	IN
MD	MA	NH	NJ	KS	KY	MI	MN
NY	OH	PA	RI	MO	MT	NE	ND
VT	VA	WV	Foreign Schools	SD	WI	WY	
<b>Western Region:</b> <b>VA Regional Office</b> <b>P. O. Box 8888</b> <b>Muskogee, OK 74402-8888</b>				<b>Southern Region:</b> <b>VA Regional Office</b> <b>P. O. Box 100022</b> <b>Decatur, GA 30031-7022</b>			
<b>Serving the following states:</b>				<b>Serving the following states:</b>			
AK	AR	AZ	CA	AL	FL	GA	MS
HI	ID	LA	NM	NC	PR	SC	TN
NV	OK	OR	Philippines	U.S. Virgin Islands			
TX	UT	WA					

### If You Need Help

If you need help in completing this form, or you want information about our work-study program 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 Internet. Our national home page address is: "<http://www.gibill.va.gov>".