# UNIVERSITY OF WISCONSIN-SUPERIOR
## Veteran and Nontraditional Student Center
### Division of Student Affairs

# Military/ Veteran Enrollment Form

# Term of Certification
☐ Fall　　☐ Winter
☐ Spring　☐ Summer
**Year** _____

## Part 1: Student Information

| Student ID Number | Social Security Number | Name (last, first middle) |
|---|---|---|
| | | |

Address (include apartment number or P.O. if applicable)  City, State, ZIP

| UW-Superior Email address **@uwsuper.edu** | Phone number (include area code) | Are you currently serving in the military? ☐ Active Duty ☐ Guard ☐ Reserve |
|---|---|---|

**Select One:**
☐ Current Student  ☐ New Student  ☐ Re-Entry Student  Last Year/Term of Enrollment _____  ☐ Transfer Student

**Expected Graduation Term: 20____** (select one) ☐ Fall ☐ Spring ☐ Summer  **Military Branch:** ☐ A  ☐ AF  ☐ CG  ☐ MC  ☐ N

## Part 2: Military Benefit Programs

| Are you currently serving in the military? ☐ Active Duty ☐ Guard ☐ Reserve | Has your spouse or parent served in the Military? ☐ Currently Serving ☐ Veteran ☐ Retired | Certify this semester for Military Benefits? ☐ Yes ☐ No |
|---|---|---|

☐ Montgomery GI Bill Active Duty (Chapter 30)

☐ Reserve Education Assistance Program (REAP Chapter 1607)

☐ Post 9/11 GI Bill (Chapter 33) **Percent of Eligibility _____%**

☐ Tuition Assistance  **How Much? _____**

☐ Montgomery GI Bill Reserve/National Guard (Chapter 1606)

☐ Vocational Rehabilitation & Employment Program (Chapter 31)

☐ Dependents Educational Assistance Program (Ch 35) **VA File No. _____**

☐ Wisconsin GI Bill (Must have been a WI resident at time of entry or 5 years)

Have you been previously certified at UW-Superior for VA educational benefits? ☐ Yes   No

## Part 3: Academic Information　　Repeating Classes? ☐ Yes ☐ No   If yes, please list:

**Select One:**  **Undergraduate:** ☐ Associate ☐ BS ☐ BA ☐ BM ☐ BFA ☐ BME  **Graduate:** ☐ MA ☐ MS ☐ MSE

**Major(s):**

**Minor(s):**

| Course Number & Name | On-Campus Online/Hybrid | Credits | Course Number and Name | On-Campus Online/Hybrid | Credits |
|---|---|---|---|---|---|
| Example: IDS 131 – Transitions from Military to Campus Culture | On-Campus | 3 | | | |
| | | | | | |
| | | | | | |
| | | | | | |

I certify that the above courses contribute toward the completion of the listed program or are required remedial and prerequisite courses that allow the student to progress toward degree completion.  **Student Initials: _____**

I certify that I am responsible for any charges incurred due to loss of benefits, withdrawing, dropping, failing, or not attending classes, or enrolling in classes that are not required for my program.  **Student Initials: _____**

I certify that I will notify the certifying official within 15 days of dropping, withdrawing, adding, or failing a class. I understand that changes to my schedule may result in benefit changes. The VA will change my benefit effective on the enrollment/drop date.  **Student Initials: _____**

## Part 4: Student Authorization for Veteran and Nontraditonal Student Center to notify Veteran Affairs of Changes

My signature below authorizes UW-Superior Veteran and Nontraditonal Student Center (VNSC) staff to notify the Department of Veteran Affairs (VA), or any VA funding official or active service training officer of any changes in my student status. I will notify the UW-Superior VNSC of ANY changes in my enrollment. I acknowledge I must provide my Social Security Number (SSN) to certify my enrollment at UW-Superior, and allow my status to be recorded in the University records as one of the following: ☐ **Veteran/Military Service** ☐ **Spouse** ☐ **Dependent**

| Student Signature | Date |
|---|---|
| | |