



MILLIKIN UNIVERSITY®

STUDENT FINANCIAL SERVICES

2024-2025

Veteran's Worksheet

1184 West Main Street
Decatur, Illinois 62522

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Last Name First Name MI Student ID#

Permanent Mailing Address

City State Zip Phone Date of Birth

SSN E-mail Address

VA Program you are eligible for:

- ____ CH 30 Montgomery (Active Duty) GI Bill●
- ____ CH 1606 Montgomery (Reserve) GI Bill●
- ____ CH 1607 Reserve Educational Assistance Program (REAP)
- ____ CH 35 Dependent's Education Assistance VA File# _____ Payee# _____ (You Must have this # to process a certification)
- ____ CH 31 Vocational Rehabilitation
- ____ CH 33 Post-9/11 GI Bill● *Note: Attach Certificate of Eligibility for first time certification only*

Please be advised it is the student's responsibility to submit accurate information to the Certifying Official prior to the start of the semester to be certified by the first day of the semester. It is the student's responsibility to submit any changes in enrollment during the semester as soon as they occur. **This worksheet must be completed each semester.**

1. Degree (or certificate) Objective: _____ Major: _____
2. Traditional, Flex or Master's Program: _____
3. Expected date of graduation: _____
4. Have you received VA education/VA Vocational Rehabilitation benefits before? __ Yes __ No
5. What term are you currently requesting certification for? _____
6. Are you doing study abroad? _____
7. Are you repeating any courses? __ Yes __ No (Please detail on reverse)
8. Are you taking any remedial courses? __ Yes __ No (Please detail on reverse)
9. Are you taking any online or distance courses? __ Yes __ No (Please detail on reverse)
10. Do you receive a Basic Housing Allowance or do you live on a Military Base? __ Yes __ No

**Changes in course enrollment after the last day to drop and add courses may result in the retroactive loss of benefits unless the VA finds mitigating circumstances involved in the change.

I AM AWARE THAT CHANGES IN MY REGISTRATION MAY ALTER THE PAYMENT THE VA WILL AWARD ME: I understand that I will be liable for any over-payment which I might receive from the Veterans Administration. Listed on the reverse are all courses I am repeating (#7).

I AM ALSO AWARE THAT I MUST FILL OUT THIS FORM EACH SESSION AFTER REGISTERING FOR CLASSES: I hereby certify that all statements are true and complete to the best of my knowledge and belief.

Signature Today's Date