



# MILLIKIN UNIVERSITY®

STUDENT FINANCIAL SERVICES

2026-2027 Spring Semester

## Veteran's Worksheet

1184 West Main Street  
Decatur, Illinois 62522

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✉ 217.424.5070

www.millikin.edu

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# \_\_\_\_\_ Payee Name \_\_\_\_\_

\_\_\_\_\_ 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. Number of credits pre-enrolled for current term? \_\_\_\_\_

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