



## VERIFICATION OF CONTINUED ELIGIBILITY FOR WISCONSIN G.I. BILL BENEFITS

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

**Deadlines:** Verifications for University of Wisconsin institutions must be submitted to the institution within fourteen (14) calendar days from the official start of the fall or spring term, by June 1st for summer, and by the due date for term fees for interim terms.

Verifications for the Wisconsin Technical College System (WTCS) must be submitted to the district Veterans Certifying Official by the fourteenth (14th) calendar day of the semester (WTCS Date of Record).

### THIS FORM FOR SUBMISSION TO THE EDUCATIONAL INSTITUTION

All students who have used or applied for the WI GI Bill tuition remission prior to September 2009 are required to complete this form to verify continuing eligibility for the WI GI Bill tuition remission. Failure to complete this form means a student's file will be incomplete and therefore no eligibility determination will be possible.

Student Name (Print)

Date of Birth

(      )

Address

Telephone Number

City, State, Zip Code

Social Security Number

Email Address

Campus Student ID Number

You **MUST** check one box under each question.

1. If you are using Wisconsin GI Bill benefits, please check one and initial:

I declare that I have no active-duty military service following Sept. 10, 2001.

\_\_\_\_\_  
Initials of Applicant

I declare that I have active-duty military service following Sept. 10, 2001.

- I have applied or will apply for federal Post-9/11 GI Bill benefits beginning with the following semester/term:
- I understand that I must provide either my Certificate of Eligibility for federal Post-9/11 GI Bill benefits or a federal Post-9/11 GI Bill benefits rejection notice from the federal VA to my school certifying official within **two weeks** of receiving it.

\_\_\_\_\_  
Semester      Year

\_\_\_\_\_  
Initials of Applicant

I declare that I have 12 months or less of a federal military benefit remaining, and I plan to exhaust it before applying for the federal Post-9/11 GI Bill in the following semester/term:

- I understand that I may only continue to use the Wisconsin GI Bill as a veteran if I have 12 or fewer months of federal benefits remaining under Chapter 30, 1606, or 1607
- I understand that I may only continue to use the Wisconsin GI Bill as a child or spouse if I have 12 or fewer months of federal benefits remaining under Chapter 35, 1606, or 1607.
- I understand I must provide a copy of my Web Automated Verification of Enrollment (WAVE) report or most current federal VA award letter showing months used and months remaining for Chapter 30, 35, 1606, or 1607 benefits.

\_\_\_\_\_  
Semester      Year

\_\_\_\_\_  
Initials of Applicant

2. Have you transferred any federal Post-9/11 GI Bill benefits to a family member?

I declare that I have **not** transferred federal Post-9/11 GI Bill benefits to a child or spouse.

\_\_\_\_\_  
Initials of Applicant

I declare that I have transferred federal Post-9/11 GI Bill benefits to a child or spouse

\_\_\_\_\_  
Initials of Applicant

3. Have any federal Post-9/11 GI Bill benefits been transferred to you by a parent or spouse?

I declare that my parent or spouse has **not** transferred federal Post-9/11 GI Bill benefits to me.

\_\_\_\_\_  
Initials of Applicant

I declare that my parent or spouse has transferred federal Post-9/11 GI Bill benefits to me.

- I understand that I must provide either my Certificate of Eligibility for federal Post-9/11 GI Bill benefits or a federal Post-9/11 GI Bill benefits rejection notice from the federal VA to my school certifying official within **two weeks** of receiving it.

\_\_\_\_\_  
Initials of Applicant

My signature below affirms that I understand and agree to the following:

1. The Wisconsin Technical College System and the University of Wisconsin System require my social security number for verification by the Wisconsin Higher Educational Aids Board for program eligibility, for federal and state reporting requirements, and for program evaluation purposes; and
2. The sharing of information contained in this form and any related information for the purposes of processing my application and implementing this program, with and among UW institutions, WTCS institutions, the Wisconsin Department of Veterans Affairs, and the State of Wisconsin Higher Educational Aids Board.
3. Under penalty of law, I further attest that all of the information provided on this and related documents is true and complete to the best of my knowledge. **I agree to inform my school certifying official of any change in the circumstances upon which this application is based before the beginning of the next term/semester.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Submitted to: \_\_\_\_\_

Name of University of Wisconsin institution or Wisconsin Technical College