UNIVERSITY OF MINNESOTA MORRIS

VETERANS ENROLLMENT

This form is used to request information for certification of enrollment for veterans educational benefits. This must be completed every year a student plans to utilize veterans benefits.

DIRECTIONS:
Submit this completed form and additional documentation using the electronic dropbox at z.umn.edu/MorrisDocuments.

QUESTIONS:
One Stop Student Services

105 Behmler Hall
600 East 4th Street
Morris MN 56267-2132

320-589-6046
ummonestop@morris.umn.edu

Student Information	
Preferred Name	Student ID Number
Primary/Legal Name (last, first, middle initial)	Phone Number

Veterans Benefits Information

Indicate which veterans benefits program you will be using for the upcoming year.

☐ Minnesota GI Bill - https://mn.gov/mdva/resources/education/minnesotagibill/

☐ Federal GI Bill
- ☐ Chapter 33 Post 9/11
- ☐ Chapter 33T Transferring Post 9/11 GI Bill benefits
- ☐ Chapter 1606 Selected Reserve
- ☐ Chapter 35 Dependents Educational Assistance: VA File Number _____
- ☐ Chapter 30 Montgomery GI Bill Active Duty
- ☐ Chapter 31 Veteran Readiness and Employment

☐ Federal Tuition Assistance – student applies at ArmyIgnitED – UMN Morris processes at AI Portal

☐ State Tuition Reimbursement

☐ Surviving spouse and dependent education benefit - https://mn.gov/mdva/resources/education/survivingspousebenefit.jsp

☐ Veteran education assistance - https://mn.gov/mdva/resources/education/vea.jsp

Intended Major _____

Certify benefits for selected terms: ☐ Fall 2023   ☐ Spring 2024   ☐ Summer 2024

Certificate of Eligibility/Notice of Basic Eligibility submitted to the One Stop: ☐ Previously Submitted   ☐ Will Submit

Have you ever been certified for veterans educational benefits at another college/university?   ☐ Yes   ☐ No
    If yes, name of college _____ and academic year _____.

If yes, have you submitted a Change of Program or Place?   ☐ Yes   ☐ No

Certification

By signing this form, I authorize the University of Minnesota Morris to certify my enrollment and to notify the Department of Veterans Affairs (VA) of any changes in my student status. I agree to pay the balance on my University student account.

Student Signature	Date

To request this form in an alternative format, contact the Disability Resource Center at 320-589-6178 or ummssc@morris.umn.edu.

Academic Support Resources
OFA