$\ensuremath{\mathsf{INSTRUCTIONS}}$  - Complete this form if you are a:

- New student-Never previously used veterans educational benefits
- Transfer Student-Received benefits previously at an institution other than Madison College
- Student Changing Chapters-Received benefits while attending Madison College but are now using a different chapter
- Guest Student-Working towards a degree and receiving benefits at another institution

This form must be completed and submitted to Veterans Services along with a copy of your DD-214(s) and any additional required documentation indicated below, unless previously submitted, to allow Madison College to certify your benefits.

Step 1: <b>STU</b>	DENT INFORMATION					
Last Nan	ne	First Name			Student ID	
Date of I	Birth (dd/mm/yyyy)		Email			
Mailing	Address	City		State	Zip Code	
When w	vill you be attending Madison College?	Fall	Spring	Summer	Year	
Which ty	ype of student will you be? New Student					
	Returning Student					
	Transfer Student - Submit a Change of Survivors/ Dependents to the VA Onli					
	Student Changing Chapters					
	Guest Student - Submit a letter to Mac credits taken at Madison College will				tschool indicating that	
Step 2: <b>BEN</b>	EFIT INFORMATION					
Have yo	u applied for your veterans education	benefits?				
	Yes - You will receive your Certificate or online application. Submit your COE		,			
<b>No</b> - Submit your Education Benefits Application online at https://www.va.gov. All veteran students must apply online for their initial benefits or to change their program/place of training.						
Which b	enefit will you be receiving?					
	Chapter 1606 - Reserve/National Gua	rd				
	Chapter 30 - Active Duty/Montgomery GI Bill (MGIB)					
	Chapter 31 - Vocational Rehab-By selecting this chapter and submitting this form, you give permission for Madison College to release your class schedule, grades, and GPA to your Vocational Rehabilitation counselor.					
	<b>Chapter 33</b> - Post 9/11 GI Bill					
Chapter 35 - Survivor/Dependent Benefit: Full name and SSN of veteran						
			A	re you on Activ	e Duty? Yes No	
Step 3: <b>ADV</b>	ANCE PAY (Chapters 1606, 30, an	nd 35)				
Do you	want to receive Advance Pay? Yes	No No				
	dvance Pay must be requested at least 4 dvance Pay; continuing students and Ch				new students are eligible for	
• Ac	dvance Payments will pay for the first two	o months of tl	he semester; stude	nts will not recei	ive another VA educational	

benefit check until the end of the third month of the semester.

Step 6: POST 9/11 GI BILL (Chapter 33) INFORMATION Have you applied for the WI GI BII?	Last N	t Name First Name	Student ID			
Have you applied for the WI GE BII	Stop	A. POST 9/11 GI RIII (Chapter 23) INFORMATION				
To be reviewed for a W iG Issul Supplemental Payment you must apply for the WIG Issul and be determined eligible. If you have not yet applied, complete the WINVE ABIOS posket (New Assulew Aux) and submit as instructed at the top of each form.  When you applied for Post 9/11, which chapter did you relinquish?  Chapter 30-if you were eligible for Chapter 30, what amount of active duty did you have after 9/10/2001?  Chapter 1406  None  Step 5: ADDITIONAL BENEFIT INFORMATION (All Chapters)  Do you have a Kicker?						
Chapter 30-if you were eligible for Chapter 30, what amount of active duty did you have after 9/10/2001?   Less than 3 years		*To be reviewed for a WI GI Bill Supplemental Payment you must app				
Chapter 1606   None		When you applied for Post 9/11, which chapter did you relinquish?				
Chapter 1606    None		Chapter 30-If you were eligible for Chapter 30, what amou	nt of active duty did you have after 9/10/2001?			
None   Step 5: ADDITIONAL BENEFIT INFORMATION (All Chapters)   Do you have a Kicker?		Less than 3 years More than 3 years	ears			
Step 5: ADDITIONAL BENEFIT INFORMATION (All Chapters)  Do you have a Kicker?		Chapter 1606				
Step 5: ADDITIONAL BENEFIT INFORMATION (All Chapters)  Do you have a Kicker?		None				
Do you have a Kicker?		None				
If yes, what was the amount of your Kicker? \$ Please submit documentation, such as your kicker contract. Do you have a Buy Up? Yes No If yes, what was the amount of your Buy Up? \$ Please submit documentation, such as your DD-214 or LES. Will you be on Terminal Leave at the start of your first semester? Yes No If yes, on what date will your Terminal Leave end? (mm/dd/yyyy) Step 6: IMPORTANT VETERANS BENEFIT INFORMATION - Please Read  • The payment of veterans education benefits requires a student to be enrolled in and attending class. Classes that do not run from term start to term end may affect VA payment depending on your class schedule. Eg., short-term and interim classes may run fewer than 12 weeks and may not meet the credit requirement for full-time status for the entile length of the term.  • Chapter 33 recipients who withdraw or fail to attend class are responsible for repaying any overpayment created with the Monthly Housing Allowance or book stipend, directly to the VA. Tuition and fees overpayments are repaid by Madison College and may result in tuition due by the student.  • Order an official copy of your military transcript and submit it to Enrollmentservices@madisoncollege.edu for review. For the US Army, US Coast Guard, US Navy, and the US Marine Corps, the transcript is called the Joint Services Transcript UST). US Air Force veterans should submit their Community College of the Air Force (CCRF) transcript.  • Chapter 30, 1606, and 35 (NCD) recipients must verify enrollment every month with the VA through either WAVE or by phone at 888-442-4551. Ch. 33 students are also required to verify monthly enrollment and will be instructed by VA on how to do so.  • The Federal VA requires that all students receiving benefits be enrolled in a program of study. In addition, the school is required by the VA to certify only courses that are required by a student's program. Repeated courses will only be certified if the initial grade earned was lower than the program requires.  • Students who fall below the Sat	Step 5	5: ADDITIONAL BENEFIT INFORMATION (All Chapters)				
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If yes, what was the amount of your Buy Up? \$		If yes, what was the amount of your Kicker? \$ Plea	se submit documentation, such as your kicker contract.			
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	C	certifying official to review my educational records and release informa				
	S	Student Signature	Date			
	L	Please sign and submit your completed form in <b>one</b> of the following way				

• Fax: (608) 243-4245 • In Person: At the Veteran Services office 1701 Wright Street Rm D1677, Madison, WI 53704 or at any Regional or Metro campus

Madison, WI 53704

• Email: <a href="mailto:veteranservices@madisoncollege.edu">veteranservices@madisoncollege.edu</a> • Mail: Madison College Veterans Services, 1701 Wright Street RM D1677,