

Veterans Information Sheet

Veterans Office

14 Fairchild Hall
 Manhattan, KS 66506-1110
 785-532-7061 Fax: 785-532-7628



CAMPUS: Manhattan _____ Salina _____ Other _____
 On-line _____ Distance Learning _____

TERM: Fall _____ Spring _____ Summer _____

FAILURE TO COMPLETE THIS FORM EACH TERM WILL TERMINATE YOUR BENEFITS WITH THE ENDING DATE OF THE LAST TERM

Name _____ (First) _____ (M.I.) _____ (Last) Soc. Sec. No. _____

VA "C" No. _____
 (Required for dependents eligible for VA benefits)

Current mailing address: _____ Date of Birth: _____

Degree: Assoc. ____: Bach. ____: MS ____: Ph.D. ____: DVM ____

Curriculum or major _____

If this is a new address, do you want it transmitted to VA? Yes _____ No _____

Home Phone No. _____ Work Phone No. _____ Did you change your major? Yes* _____ No _____

Have you previously attended or used your Veteran's Education Benefits at another post-secondary institution? Yes* _____ No _____ *If yes, you need to complete a Form 22-1995

Class Schedule

Complete this section for all class sections

Check if retake	5-Digit Reference number	Course name	Course number	Credit hour	Course title	Drop date

Office Use Only
 CURR _____
 OV _____

Previously attended K-State classes and received Veterans' Educational Benefits: Yes _____ No _____
 Active duty military Yes _____ No _____
 Enrollment Fees: \$ _____ (Required for all active duty or less than 1/2 time)

Local Address: _____
 (If different from above)

Local Phone #: _____

Primary Institution (if other than KSU)
 Name of school _____
 Street address _____
 City/State/Zip _____

OFFICE USE ONLY
 CHAPTER: _____
 Transcripts KSU: _____
 Other: _____
 Degree Track: _____
 Prior Credit: _____
 AWARD Full: _____
 Date of database update: _____
 Transmittal date: _____

PLEASE READ AND SIGN

A major must be declared when you have completed 60 hours for a Bachelor degree or 30 hours for an Associate degree.

ALL CLASSES UP TO FULL TIME MUST BE WITHIN YOUR DEGREE TRACK.

YOU MUST BE ADMITTED TO K-STATE AND HAVE ACADEMIC TRANSCRIPTS MAILED TO K-STATE OFFICE OF ADMISSIONS FROM ALL POST-SECONDARY SCHOOLS ATTENDED. VA STOPS PAYMENTS AND MAY ASK FOR REPAYMENT OF BENEFITS RECEIVED IF PRIOR CREDIT IS NOT REPORTED BY THE SCHOOL YOU ARE ATTENDING.

All the information on this form is true and complete to the best of my knowledge.

 (Date)

 Signature of student

Name (M.I.) (FIRST) (LAST)