

Veterans Information Sheet

CAMPUS: Manhattan Salina Other _____
 On-line Distance Learning

TERM: Fall _____ Spring _____ Summer _____

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 _____

Phone No. _____

VA chapter 30 31 35 1606 REAP 1607 33 33 Yellow

Have you previously attended or used your Veterans Educational Benefits at another post-secondary institution? Yes* No

*If yes, you need to complete a Form 22-1995

Will you receive tuition assistance? Yes No

Will you receive ROTC? Yes No

Are you Active Duty military Yes No Is spouse Active Duty if ch 33TOE Yes No

Class Schedule

Only list the course for which credit hours are assigned

Retake Yes / No	5-Digit Reference number	Course name/number	Credit hour	Course title	Office Use Only		
					Enrollment Dates	Drop Date	Total T&F Cert to VA Tuition - Fees - YR _____

Primary Institution (if other than K-State)

Name of school _____

Street address _____

City/State/Zip _____

OFFICE USE ONLY

Emp ID: _____

CHAPTER: _____

Transcripts: _____

CURR: _____

Listserv: _____

Degree Track: _____

AWARD Full: _____

Transmittal date: _____

PLEASE READ AND SIGN

A signature from your advisor is required as verification that the courses listed on this form are needed to complete your degree.

A debt may be posted to your account if you decided to withdrawal on or before the first day of class and funds have been received from the V.A.

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

 (Date)

 Signature of student

 (Date)

 Printed name of advisor

 Signature