

Please complete and submit this form to:

Office of Veterans Affairs
221 Anderson Hall | 919 Mid Campus Drive North
Manhattan, KS 66506-1110
Office 785-532-7061 | Fax 785-532-6487
Website: ksu.edu/veteran | Email: veteran@ksu.edu

Student's Name (Last, First, MI)

Wildcat Identification Number

Student's K-State Email Address

Student's Phone Number

Please complete and submit this form if you are taking courses at another college or university and those courses will transfer and apply to your degree at Kansas State University. Before your secondary school can certify your courses to the U.S. Department of Veteran Affairs, the school needs a Primary School Letter from the K-State Office of Veterans Affairs stating that the courses you are taking at the secondary school will apply toward your degree at Kansas State University. If concurrently enrolled at Kansas State University, the K-State Office of Veterans Affairs will certify the courses you are taking at Kansas State University, with the submission of the [VA Enrollment Certification Request form](#).

Name of the secondary school that you are attending:

Please list the course(s) you are enrolled in at the secondary school

Course Name	Course Number	Course Title	Credit Hours	Begin Date	End Date

Certification Statement

By signing this form, I certify that all the information reported is complete and accurate.

Signature of Student (required) _____ Date _____

Academic Advisors Signature

An advisor's signature is required to complete this form. The advisors signature serves as verification that the courses listed are needed to complete a requirement in the student's degree plan.

Academic Advisors Signature (required) _____ Academic Advisors Printed Name _____ Date _____