

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

Campus: Manhattan Salina Olathe Distance ONLY

Term: Fall _____ Spring _____ Summer _____

Student's Name _____ Date of Birth _____

Student's Wildcat ID Number _____

Student's Mailing Address _____ City _____ State _____ Zip _____ Phone Number _____

VA "C" No. (Veteran's SSN for Chapter 35, DEA, benefits) _____

Degree: Assoc. Bach. Masters Ph.D. DVM

Degree/Major _____

Person to Receive Benefits: Veteran Spouse Child

VA Chapter: 30 (Montgomery) 31 (VR & E) 35 (DEA) 1606 (Reserves) 33 (Post 9/11)

Are you a continuing K-State student? Yes No*

*If you previously used your benefit at another school, you will need to complete VA Form 22-1995.

*Please submit a copy of your certificate of eligibility (COE)

Will you receive federal or state tuition assistance? Yes No

Will you receive ROTC assistance? Yes No

Will you be active duty during the term? Yes No

Will your spouse be active duty during the term? Yes No

List Primary School if not K-State: _____

**Please list the course(s) you are enrolled in at Kansas State University.
 Only list the course(s) for which credit hours are assigned.**

| Retake (Yes/No) | 5-Digit Reference Number | Course Name/Number | Credit Hours | Course Title | Office Use Only | | |
|--------------------|--------------------------------|-----------------------|-----------------|--------------|------------------|--------------|-------------------------------|
| | | | | | Enrollment Dates | Drop Date | Total T&F Cert to VA \$ |
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List Course(s) not covered by VA:

| Course Name | Reason |
|-------------|---|
| | <input type="checkbox"/> Previously Passed <input type="checkbox"/> Not Required for Degree |
| | <input type="checkbox"/> Previously Passed <input type="checkbox"/> Not Required for Degree |

Office Use Only

EMPLID: _____

Chapter: _____

Percent: _____

Degree: _____

Listserv: _____

Certification Date: _____

Please read and sign

Your Academic Advisor's signature is required as verification that the courses listed on this form are necessary to complete your degree. A debt may be posted to your Kansas State University student account if you withdraw on or before the first day of a course and funds have already been received from the U.S. Department of Veterans Affairs. A new form is required for each academic term that you wish to use your VA educational benefits. An updated form is required if you add (or change courses) to your academic schedule.

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

Student's Signature _____ *Digital signatures are not accepted.* Date _____

Academic Advisor's Signature _____ *Digital signatures are not accepted.* Date _____

Academic Advisor's Printed Name _____