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Office of Veterans Affairs
207 Anderson Hall | 919 Mid Campus Drive North
Manhattan, KS 66506-1110

Campus: Manhattan Salina Olathe New Century Distance Only Term: Fall 20____ Spring 20____ Summer 20____

Student's Legal Name _____ Birth Date _____ Student's Wildcat ID Number _____

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

Degree: Assoc. Bach. Masters Ph.D. DVM Certificate _____
Degree/Major

Person to Receive Benefits: Veteran Spouse Child

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

Are you a new K-State student? Yes No *If Yes, Please submit a copy of your certificate of eligibility (COE)

Will you receive active duty tuition assistance? Yes No Will you receive KS Air/Army National Guard assistance? Yes No
Will you receive ROTC assistance? Yes No Will you be Active Duty during the term? Yes No

Will you be using VA benefits at another school? Yes No *If Yes, Please provide school name: _____

Please list the course(s) you are enrolled in. Only list the course(s) for which credit hours are assigned.

Retake (Yes/No)	5-Digit Reference Number	Course Name/Number (e.g. COMM 106)	Credit Hours	Course Title (e.g. Public Speaking 1)	Office Use Only		
					Enrollment Dates	Drop Date	Total T&F Cert to VA \$

List Course(s) not covered by VA:

Course Name	Reason
	Previously Passed Not Required for Degree
	Previously Passed Not Required for Degree

*** Advisor required to provide reason for repeat and/or remedial class(es):**

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.

Office Use Only

EMPLID: _____

Chapter: _____

Percent: _____

Degree: _____

Listserv: _____

Certification Date: _____

Student's Signature _____ *Digital signatures are accepted.* Date _____

Academic Advisor's Signature _____ *Digital signatures are accepted.* Date _____

Academic Advisor's Printed Name _____

*** Advisor's signature required before submission**