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

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 _____

Chapter 35 Sponsor VA file number 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 *Please submit a copy of your certificate of eligibility (COE)

Will you receive Armed Forces tuition assistance? ☐ Yes ☐ No KS Air/Army National Guard? ☐ Yes ☐ No

Will you receive ROTC assistance? ☐ Yes ☐ No

Will you be active duty during the term? ☐ Yes ☐ No

List Primary School if not K-State: _____

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

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

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

* 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.

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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