

Submit securely online:  
ksu.edu/veteran/upload

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 \_\_\_\_\_

(Sponsor's VA file number 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 \*Please submit a copy of your certificate of eligibility (COE)

Will you receive Military tuition assistance?  Federal  State

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.

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 \$

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): \_\_\_\_\_

**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 accepted.* Date \_\_\_\_\_

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

Academic Advisor's Printed Name \_\_\_\_\_

\* Advisor's signature required before submission