20-21 Veteran Certification Form

Return form to:
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Enrollment certification requested
for which term (select one):

- [ ] Fall 2020
- [ ] Spring 2021
- [ ] Summer 2021

Student ID: W00
Social Security #: _____ - _____ - ________
Date of Birth: ___ / ___ / ______
First Name: ____________________________
Last Name: ____________________________
Address: ________________________________
City/State/ZIP: _________________________
Phone: ______ - _____ - _____________
Email: __________________________________

I will be using the following chapter benefit:
- [ ] 30 MGIB
- [ ] 33 Post 9/11
- [ ] 1606 MGIB SR
- [ ] 32 VEAP
- [ ] 31 Vocational Rehabilitation
- [ ] Tuition Assistance
- [ ] Other: __________________________

Are you pursuing a major at another college?
- [ ] Yes;  
  College name: ___________________________________________
  Major: ____________________________________________
- [ ] No

Advanced Payment

Are you interested in advanced payment? If yes, all required documentation must be on file with WSU Tech’s Veterans Affairs Office no later than 45 days prior to the beginning of your first class, you signature is required:

- [ ] No
- [ ] Yes

Signature

Program of Study: ________________________________

Is this a change of program?
- [ ] No
- [ ] Yes
### Student Acknowledgement:

*Please check all boxes to indicate you have read and understand.*

- [ ] If I utilize Federal and/or State Tuition Assistance, I may be unable to also utilize a chapter benefit or may be unable to utilize a chapter benefit at its full potential. *This impacts Chapters 33 and 1606*
- [ ] My eligibility letter or statement of benefits must be on file with WSU Tech’s Veterans Affairs Office
- [ ] If I have utilized my benefits at a school other than WSU Tech I must complete a VA Form 22-1995
- [ ] I must provide official college transcripts to WSU Tech’s Registrar Office for evaluation of prior training and education
- [ ] I understand if I chose or feel the need to take a remedial course I must take placement testing showing I am required to take this type of course
- [ ] I understand remedial courses must be pursued in-person only
- [ ] I understand if I do not attend, drop, or withdraw from my courses it may affect my VA benefits as well as debts owed to the school and/or VA
- [ ] I understand that if any changes are made to the academic schedule listed above I am required to notify both the WSU Tech Veterans Affairs Office and the VA immediately
- [ ] I understand WSU Tech’s Veterans Affairs Office cannot submit courses that are not required for my program of study to the VA; this extends to my major at another college if pursuing a major at another college.
- [ ] I understand that repeating a course may mean it is unable to be reported to the VA.
- [ ] I understand WSU Tech’s Veterans Affairs Office cannot determine my rate of pursuit for payments from the VA

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**Student Signature**

**Date:**

As an Academic Advisor, I have reviewed the veteran-student’s academic plan and transcripts and have determined that the above listed classes are necessary for the program of study and/or to graduate from Wichita State University Campus of Applied Sciences and Technology:

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**Advisor Signature:**

**Date:**