

GI Bill® Certification Request

Fax: 316-462-5811

Return form to: veteranservices@wsutech.edu

Tayler Robinson trobinson15@wsutech.edu 301 S Grove St Wichita, KS 67211 Steve Enriquez senriquez1@wsutech.edu 3821 E Harry St Wichita, KS 67218

Which semester needs to be certified? Fall 20 Spring 20 Summer 20 Student ID: W00_____ Date of Birth: _____ First Name: _____ Last Name: ______ Address: ______ City, State, Zip Code: _____ Phone: _____ Email Address: _____ ☐ Montgomery GI Bill® - Active Duty (30) Montgomery GI Bill® - Selected Reserve (1606) Survivors' & Which GI Bill® will you use? Dependents' Educational Assistance (35) Parent's Name & SS#: _____ Post 9/11 (33) Veteran Readiness and Employment (VR&E)(31) Counselor's email: Are you graduating from WSU Yes Tech? College Name: Major/Degree: _____ No Requesting Advanced Payment? Yes; _____(Signature) If yes, this form and your eligibility information must be on file 45 days before class begins. Advanced Pay is not an option for the Post 9/11 GI Bill® Student Acknowledgment: *Check all boxes to indicate you have read and understand If I am eligible for Tuition Assistance, I may be unable to use my GI Bill® as well My eligibility information must be on file I must provide official college transcripts to WSU Tech's Registrar's Office If I need to take any developmental courses, I must take the placement test and the course can't be online I understand failure to attend, dropping, and/or withdrawing from a course may impact my GI Bill® benefits and potentially result in owing a debt to the school and/or the VA

If any changes are made to my schedule I must notify WSU Tech's Veteran Affairs Office immediately

Enrolled classes must be required for my program of study

WSU Tech cannot determine my rate of pursuit or housing allowance payments

I understand that I need to verify my enrollment each month to receive GI Bill® benefits I understand that in order to determine Federal Student Aid eligibility I must submit the FAFSA

The VA may not pay for repeated classes

Course # and/or Name:	Credit:	Required?	Repeat?	Repeat Required?	Remedial?	Test Score:
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Student Signature:				Date: _		

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I confirm that 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

Advisor Signature: ______ Date: _____

Scan these QR codes with your smartphone camera:



How to apply for GI Bill Benefits



Get a Statement of Benefits (Post 9/11 only)



AskVA - Ask the VA questions Online



VA Form 22-0803 Application for Reimbursement of Licensing or Certification Test Fees



Schedule an appointment with Steve Enriquez (VA representative)



Schedule an appointment with Tayler Robinson (VA representative)