



Intent to Enroll Form

INSTRUCTIONS >>>

Complete this form if you wish to use VA Education Benefits while attending WSU. The academic year consists of the Fall, Spring, and Summer semesters, in that order.

PLEASE PRINT LEGIBLY:

Student's Name (Last, First, MI)

myWSU

SSN #

VA Claim # (Required for Ch. 35 Only)

Student's Address

City, State, Zip

Student's WSU Email Address

Student's Phone Number

Check correct program level and start term:

- ☐ Undergraduate ☐ Graduate
☐ Fall ____ ☐ Spring ____ ☐ Summer ____

Check your approved VA Education Benefit program:

- ☐ Post-9/11 (Ch. 33) ____ % ☐ Post-9/11 Transfer of Entitlement (Ch. 33 for Dependent/Spouse) ____ %
☐ Montgomery GI Bill (Ch. 30) ☐ National Guard/Reserve (Ch. 1606) ☐ REAP (Ch. 1607)
☐ Survivors and Dependents Educational Assistance DEA (Ch. 35) ☐ VR&E (Ch. 31)

1. Have you applied for the GI Bill? ☐ YES ☐ NO

→ If "NO," complete Form 22-1990 (All chapters except 35) or 22-5490 (Chapter 35 only)

→ **Once approved by the VA, must provide a copy of your Certificate of Eligibility** from the VA to WSU Veteran Services for certification.

2. Have you received the GI Bill elsewhere? ☐ YES ☐ NO

→ If "YES" and WSU is your Primary Institution, complete Form 22-1995 (*all Chapters except Ch. 35*) or 22-5495 (Ch. 35). Complete online at <https://www.va.gov/vaforms/>. You must provide a copy to WSU Veteran Services before certification can be completed.

3. If WSU is not your Primary Institution, provide your Primary Institution information:

Institution: _____

Address: _____ City, State, Zip: _____

Important Information regarding Section 702 of the Veterans Access, Choice and Accountability Act for Residency Rate Requirement: If you are currently considered a Non-Kansas Resident at WSU, but are current Military, Military Spouse/Dependent, or are a Veteran or Spouse/Dependent of a Veteran, please see WSU's Office of the Registrar about the *Application for Kansas Resident Classification for Current Military Personnel/Spouse/Dependents and Eligible Veterans/Spouse/Dependents*. **This must be complete before certification can be processed.**

BY SIGNING BELOW, I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING STATEMENTS >>>

- I understand that I must work with my academic advisor to complete an Enrollment Certification Request form each semester, indicating the courses I am taking which apply towards my degree, and submit it to WSU Veteran Services.
- I understand that the VA processes claims in the order received and that omitting information may delay the processing of my claim.
- I understand that I **must** inform WSU Veteran Services of any change in my registration, including adding, dropping, or withdrawal, by completing a new Enrollment Certification Request form. Changes of major after certification are not permitted.
- I understand that any change to my enrollment may result in a reduction to my benefits, and may also result in a debt owed by me to WSU and/or the Department of Veterans Affairs. I am responsible for tuition and fee payment to WSU.
- I understand that I **must** notify the Regional Veterans Affairs Office in St. Louis, as well as WSU Veteran Services, of any change in my name, address, school, or program of study.

Student's Signature (Required)

Date (Required)