



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) Vocational Rehab (Ch. 31)

- 1. Have you applied for the GI Bill? YES NO
If NO, complete Form 22-1990... Once approved by the VA, must provide a copy of your Certificate of Eligibility...
2. Have you received the GI Bill elsewhere? YES NO
If YES and WSU is your Primary Institution, complete Form 22-1995...
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...
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...
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 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)