KU STUDENT SUCCESS
Office of the University Registrar

Veterans Information Sheet

1. Name: _____ 2. Term you wish to begin benefits: Fall_____ Spring _____ Summer____
(First) (MI) (Last)

3. SSN: _____ 4. KUID/EMPLID: _____ 5. E-Mail Address: _____

6. Address: _____
Street Address or Box Number City State Zip code

7. Daytime phone: _____

Please keep the Office of the University Registrar informed of any updates to the above information

8. Would you like to be notified by e-mail of items of interest to VA benefit recipients such as employment or scholarship opportunities? ___yes ___no
If at anytime you wish to opt out of these emails, please notify our office and we will remove you.

9. Are you an **active duty service member**? ___yes ___no
Are you **previously active duty (not due to activation or deployment) and** are now (or soon will be) a discharged service member? ___yes ___no
If yes, are you on terminal leave? ____yes ____no

10. BENEFIT TYPE TO BE CERTIFIED:
( ) Chapter 30
( ) Chapter 1606 Reserves/Guard
( ) Chapter 1607 REAP Reserves/Guard
( ) Chapter 33 Post 9/11 MGIB
( ) Chapter 33 Post 9/11 MGIB (Spouse/Dependent using transferred educational benefits)
( ) Chapter 35 Survivors/Dependents: Veterans C file number: _____
Veterans Name: _____
Veterans social security number & Date of Birth: _____
( ) Other -- Please specify: _____

11. In which branch of the military did/do you (or the veteran if you are a survivor/dependent recipient) serve? _____
12. Have you previously attended KU and received Veterans' educational benefits? ___ yes ___ no
13. Have you used VA educational benefits at another school? ___ yes ___ no
If yes, from where? _____
14. If number 13 is "yes", do you wish those benefits to be transferred to KU? ___ yes ___ no
15. Have you been admitted to KU? ___yes ____ no
16. Are you currently enrolled? ___ yes ____ no If yes, have you completed the KU Veterans' Certification form? ____ yes ____ no
17. Is KU the school from which you intend to receive your degree? ___ yes ___ no
18. If you answered no to number 17, from which school do you intend to receive your degree? _____
19. What degree are you seeking? _____
20. Are you a resident or non-resident for tuition purposes? _____ If non-resident do you intend to submit an application for in-state residency for tuition purposes? ____yes _____no

PLEASE READ AND SIGN

A declared major must be reported to the VA by the end of the second semester. Only classes within your degree track will be certified to the VA. A student's enrollment status can be re-evaluated; any adjustments to VA benefits are the student's responsibility. By signing below you acknowledge all the information on this form is true and complete to the best of your knowledge.

_____
(Date) **(Signature of Student)**

Return To:
Office of the University Registrar—University of Kansas
1450 Jayhawk Blvd, Room 151 Strong Hall
Lawrence, KS 66045-7535
Phone: (785) 864-4423 Fax: (785) 864-3900
Revised 5/7/2010
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FOR OFFICE USE ONLY:

Comments: _____