

**The University of Kansas
Veterans Information Sheet**

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) 864-5230

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 this office 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. BENEFIT TYPE TO BE CERTIFIED:

- Chapter 30 (**Not reserves/guard**): Are you an **active duty service member**? ___yes ___no
Are you **previously active duty**, but are now (or soon will be) a discharged service member? ___yes ___no
- Chapter 1606 Reserves/Guard
- Chapter 1607 REAP Reserves/Guard
- Chapter 33 Post 9/11 MGIB
- Chapter 35 Survivors/Dependents: Veteran's C file number: _____
Veteran's Name: _____
Veteran's social security number: _____
Veteran's Date of Birth: _____

Other -- Please specify: _____

10. In which branch of the military did/do you (or the veteran if you are a survivor/dependent recipient) serve? _____
11. Have you previously attended KU and received Veterans' educational benefits? ___yes ___no
12. Have you used the educational benefits which you indicated above at another school? ___yes ___no
If yes, where? _____
13. If number 12 is "yes", do you wish those benefits to be transferred to KU? ___yes ___no
14. Have you been admitted to KU? ___yes ___no
15. Are you currently enrolled? ___yes ___no If yes, have you completed the KU Veterans' Certification form? ___yes ___no
15. Is KU the school from which you intend to receive your degree? ___yes ___no
16. If number 15 is "no", from which school do you intend to receive your degree? _____
17. What degree are you seeking? _____

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 are acknowledging that all the information on this form is true and complete to the best of your knowledge.

(Date)

(Signature of Student)

**FOR OFFICE USE ONLY:
Comments:**

