



Military Enrollment Certification Request

Fall ___ Spring ___ Summer ___ Year ___

University Registrar's Office
1700 SW College, MO 102
Topeka, KS 66621

Ph: 785-670-2329
Fax: 785-670-1104
Email: militarybenefits@washburn.edu

Name: _____
Last First MI

SSN: _____ DOB: _____

WIN: _____ Washburn Email: _____

Current Mailing Address: _____
City State Zip

Current Phone Number: _____

Degree Plan: Certificate Associates Bachelor Graduate Law

Degree/Major: _____ Minor: _____

VA Benefit Chapter: Ch 33 Post 9/11 Ch 33 Transfer of Entitlement Ch 1606 National Guard
 Ch 31 Vocational Rehab Ch 30 Montgomery GI Bill Ch 35 Dependents Educational Assistance
Ch. 35 needs Veterans SSN: _____

Active Duty: Yes No

Tuition Assistance: ArmyIgnitEd Kansas National Guard Tuition Assistance MyCAA
 Tuition and Fee- Only Based Scholarship Kansas Military Scholarship

Have you submitted your Certificate of Eligibility and Degree Plan?: Yes ___ No ___

Washburn cannot submit your certification until all documents are submitted

Is this your final term before graduation? Yes No

Number of credit hours you wish to have certified for this term: _____

Office Use Only: Classification: _____ Tuition: In State Out of State Mil. Res. Form

Date	Initials	Action	Hours	Status	Other
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Date Received: _____ Received By: _____

Please review the responsibilities expected from the VA and initial each line:

_____ I understand that as an eligible recipient of VA benefits, I must complete this form each semester if I choose to utilize education benefits and late submission may cause delays in receiving my benefits

_____ I understand my course registration will be locked after the certification process has begun. If I need to add, drop or withdraw from all courses, I will notify the University Registrar office.

_____ I will provide a current copy of my degree plan and I have reviewed the course requirements for graduation as well as requirements for licensure or certification following graduation <https://catalog.washburn.edu/undergraduate/?> Or <https://www.washburn.edu/academics/graduate-programs/index.html>

_____ I have reviewed the course catalog and I understand how long it will take to complete my program of study.

_____ I understand that I may be eligible for federal student funding, in addition to my approved military education benefit, and I may complete the Application for Federal Student aid (FAFSA) to determine my eligibility at <https://studentaid.gov/h/apply-for-aid>

_____ I have reviewed my College Financial Plan to review tuition, fees, estimated expenses and multiyear cost information for my selected program. The College financing Plan can be accessed from MyWashburn by selecting Financial Services, Review Your Awards and clicking on the College Financial Plan tab.

_____ I am aware that I have access to a Financial aid counselor before accepting private student loans or alternate financing. I can also contact a financial aid counselor <https://www.washburn.edu/admissions/paying-for-college/financial-aid/index.html>

_____ I am aware of the Military Payment Plan and Veterans Book Deferment options available to me until my VA educational benefits are approved for the current semester.

_____ I have reviewed the transfer credit policy and Prior Military credit information found at <https://www.washburn.edu/academics/prior-learning-assessment/military-service-credit.html>

_____ I understand the VA will not pay for audited or remedial courses, withdrawals or non-required classes.

_____ In order to receive VA education benefits, I must maintain Satisfactory Academic Progress. 2.0 or Above

_____ If I receive Ch. 33 benefits, I understand that any withdrawal from courses potentially holds me responsible for repaying the tuition and fees to the University, unless otherwise indicated by the VA.

_____ I understand that I must verify my enrollment each month to receive payment of the housing allowance benefit.

I agree to the conditions and responsibilities under which I am to receive benefits. I certify that I am eligible for VA education benefit. I give authorization to the Washburn University to submit educational records, enrollment information, transcripts and financial aid records on my behalf to/from the Veteran administration, State of Kansas VA appointing Authority and US Military Branches including state/ National Guards for the upcoming term.

Student Signature

Date