



Student Services  
 1700 SW College, MO 135  
 Topeka, KS 66621

(785) 670-1629  
 student-services@washburn.edu

# VETERANS INFORMATION SHEET SUMMER 2013

<b>OFFICE USE ONLY</b>		
Added to VIS List		
1	2	3

Name \_\_\_\_\_ SSN \_\_\_\_\_  
 (First) (MI) (Last) WIN \_\_\_\_\_

Address \_\_\_\_\_ Home Phone - -  
 Street Address Work Phone - -  
 City State Zip Cell Phone - -

Washburn Email \_\_\_\_\_ @washburn.edu  
 Degree \_\_\_\_\_ Major \_\_\_\_\_ Expected Graduation Term \_\_\_\_\_ Sem/Year  
 Minor \_\_\_\_\_ Name of Advisor \_\_\_\_\_

Is this the first time using this office?  Yes  No  
 Have you changed your major since your previous semester at Washburn?  Yes  No  1995/5495 on file

Do you anticipate any Tuition Assistance (TA) for the semester?  Yes  No  
 Benefits: **(check one)** VA Education Benefits are only paid for courses required for your degree.

- Ch 30 Montgomery GI Bill       Ch 31 Vocational Rehabilitation       Ch 35 Spouse/Dependent VA File # \_\_\_\_\_  
 Ch 1606 National Guard/Reserve       Ch 1607 Active Duty Guard/Reserve       Ch 33 Post- 9/11 GI Bill  
 Transfer of Entitlement

\*Summer sessions: E=Early 5/28/13-6/27/13      F=Full 5/28/13-7/18/13      L=Late 7/1/13-8/1/13

Course # & Section/ Course Name	Hours	OFFICE USE ONLY	
<b>EXAMPLE: EN 100 E - Freshman Composition</b>	<b>3</b>		

Also attending another school as guest student?  No  Yes School Name \_\_\_\_\_

## READ AND SIGN THE BACK OF THIS FORM

<b>FOR OFFICE USE ONLY</b>		CH _____	Classification: _____	Tuition: _____	
		Kansas / Out			
<b>Date</b>	<b>Initials</b>	<b>Action</b>	<b>Hours</b>	<b>Status</b>	<b>Other</b>
_____	_____	NC/C	_____	_____	_____
_____	_____	NC/C	_____	_____	_____
_____	_____	NC/C	_____	_____	_____
_____	_____	NC/C	_____	_____	_____
_____	_____	NC/C	_____	_____	_____
Schedule _____		Certified _____		Access _____	
Excel33 _____		FUN _____		Plan on File _____	
VA Hold _____		Coded _____		99 Scan to Banner _____	
Bs Ofc _____					

# ATTENTION VETERANS

## It is possible to lose your benefits!

### REGISTRATION:

Eligible recipients of educational assistance must certify their enrollment **each semester** through the Student Services Office to assure continuous benefits. When changes in enrollment occur, such as dropping courses, not attending class, or not formally withdrawing from the University, the student must submit a report of mitigating circumstances. The VA expects veterans to pursue an educational objective, file a degree plan with Student Services, regularly attend classes, and make satisfactory progress.

Veterans wishing to receive full monthly benefits must be enrolled fulltime (12 or more hours) FOR THE ENTIRE TERM. Enrollment in short-term classes results in payment only for the duration of those courses. Persons entitled to a Monthly Housing Allowance under the Post-9/11 GI Bill (Chapter 33) must be enrolled in more than half time each semester; allowance is prorated based on rate of pursuit, e.g.  $\frac{3}{4}$  or fulltime.

Reminder: Independent study courses must not exceed one-half of the total hours attempted for the semester.

Effective August 1, 2011, break or interval pay is no longer payable under any VA education benefit program. This means that when your semester ends (e.g. December 14), your benefit covers the first 14 days of December and begins again when your next semester begins (e.g. January 14) and is paid for the remaining days of January. Monthly benefits will be pro-rated.

PAYMENT RATE CHART:

Status	Ch 30 3 yrs or more Active	Ch 30 Less than 3 yrs Active	Ch 35	Ch 1606	Ch 1607 90 Days but less than 1 yr	Ch 1607 1 yr service +	Ch 1607 2 yrs service +	Ch. 33 Post 9/11 GI Bill
Full-Time	\$1564.00	\$1270.00	\$987.00	\$356.00	\$625.50	\$938.40	\$1251.20	Ask a VA Representative
$\frac{3}{4}$ Time	\$1173.00	\$952.50	\$740.00	\$266.00	\$469.20	\$703.80	\$938.40	Ask a VA Representative
$\frac{1}{2}$ Time	\$782.00	\$635.00	\$491.00	\$176.00	\$312.80	\$469.20	\$625.60	Ask a VA Representative

Initial each line:

- \_\_\_\_\_ If my course hours change in any way, I will notify Student Services as soon as possible.
- \_\_\_\_\_ I will provide a current copy of my degree plan. Receipt is required prior to certification.
- \_\_\_\_\_ I understand the conditions and responsibilities under which I am to receive benefits.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date