



Request for Certification of Military Benefits (1 of 2)

Office of the Registrar
3901 Rainbow Blvd, MS 4005
Kansas City, KS 66160-7191
PHONE: 913-588-7055
FAX: 913-588-8841
EMAIL: kumcregistrar@kumc.edu

Please complete both pages of this form and return to Dykes Library G035 in person or by fax or email at the number and email address listed above.

I am a: New KUMC student Continuing KUMC student *Transfer student to KUMC*
**If you have previously used your benefits at another school and this is your first time using them at KUMC, You must fill out the Change Place of Training form at www.gibill.va.gov.
I request enrollment certification for (CHOOSE ONE): Summer Fall Spring of 20__

KU ID _____ ADDRESS _____
NAME _____ CITY STATE ZIP _____
SSN _____ PHONE # _____
***Last four only if used benefits at KUMC before.

I would like my enrollment certified to the VA under the following benefit**:
 Chapter 33 (Post 9/11) as the Veteran or as a Transfer of Entitlement
 Chapter 30 (Montgomery GI Bill)
 Chapter 1606 (Reserves without deployment) Chapter 1607 REAP (Reserves with Active Duty time)
 Chapter 35 (Dependent's Education Assistance)
VA File # (Usually the service member's SSN): _____ / _____
 Chapter 31 (VocRehab)
My VA counselor is _____ and their email is _____.
****Before turning in this form you must first apply for your VA Educational Benefits via the VA website at <https://www.vets.gov/education/apply/>**

**By signing this form you understand the rules and regulations that the VA has set forth for using your selected education benefit. These can be found at www.gibill.va.gov
Signature: _____ Date: _____

THIS IS PAGE 1 OF THE REQUEST FOR CERTIFICATION OF MILITARY BENEFITS. PAGE 2 SHOULD BE SIGNED BY YOUR ADVISOR. TURN THESE FORMS IN TOGETHER.

For Registrar's Office use only:
Date completed: _____
By: _____

Request for Certification of Military Benefits (2 of 2)

KUID # _____ NAME _____

SSN: XXX-XX-____

*****The following is to be filled out by an Advisor. Student signature at bottom.**

STUDENT STATUS

__ KUMC DEGREE SEEKING STUDENT – INDICATE SCHOOL AND DEGREE: _____

__ CHECK IF YOU HAVE A TEACHING OR RESEARCH ASSISTANTSHIP.

SEMESTER AND CLASSES TO BE CERTIFIED

SPRING SUMMER FALL 20_____

SUBJECT COURSE CREDIT HOURS SUBJECT COURSE CREDIT HOURS

Example: NURS 352 3 _____

These classes do apply towards the degree that the student is seeking at the University of Kansas Medical Center.

Advisor's Name (Print) _____ Advisor's Phone Number _____

Advisor's Signature _____ **Date** _____

- The KUMC VA Office corresponds via e-mail; it is your responsibility to check your KUMC e-mail account and ensure that we have the proper e-mail account information
- The grade of incomplete will be reported to the VA as such and the student has one year to obtain a letter grade for that class or face possible repayment to the VA. Contact the VA Certifying Official, once a grade for the incomplete is received to ensure proper notification to the VA occurs.
- Changes in your schedule involving dropping or adding a class, enrolling in classes outside your program plan, repeating classes, or enrolling in short-term classes can affect your benefits. Failure to report changes may result in an overpayment of your benefits.
- The request for Certification of Military Benefits ***MUST*** be resubmitted if any changes are made to your class schedule.

My signature indicates I have provided accurate information and agree to comply with all VA and University of Kansas Medical Center guidelines.

Signature _____ **Date** _____