



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

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

# VETERANS INFORMATION SHEET FALL 2012

OFFICE USE ONLY		
Added to VIS List 1 2 3		

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

8/18/12-12/14/12

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

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

## READ AND SIGN THE BACK OF THIS FORM

FOR OFFICE USE ONLY		CH _____	Classification: _____	Tuition: _____	Kansas / Out
Date	Initials	Action	Hours	Status	Other
_____	_____	NC/C	_____	_____	_____
_____	_____	NC/C	_____	_____	_____
_____	_____	NC/C	_____	_____	_____
_____	_____	NC/C	_____	_____	_____
_____	_____	NC/C	_____	_____	_____
_____ Schedule	_____ Certified	_____ Access	_____ Excel33	_____ FUN	_____ Plan on File
				_____ 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	\$1473.00	\$1196.00	\$957.00	\$345.00	\$589.20	\$883.80	\$1178.40	Ask a VA Representative
$\frac{3}{4}$ Time	\$1104.75	\$897.00	\$718.00	\$258.00	\$441.90	\$662.85	\$883.80	Ask a VA Representative
$\frac{1}{2}$ Time	\$736.00	\$598.00	\$476.00	\$171.00	\$294.60	\$441.90	\$589.20	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