



Request for Certification of Military Benefits

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Military & Veterans Affairs
 3901 Rainbow Blvd., MS 4005
 Kansas City, KS 66160
Phone: 913-588-7055
Fax: 913-588-8841
Email: veterans@kumc.edu

Semester and Courses to be Certified

These courses must be reviewed and approved by your academic advisor.

Spring Summer Fall 20 __ __

Courses Completed **On-Campus** or **Online** (i.e. lecture or lab courses):

Subject Example: NURS	Course Number 352	Credit Hours 3	Subject	Course Number	Credit Hours

Courses completed primarily at an **Off-Campus Site** (i.e. field, practicum, or clinical courses):

Subject	Course Number	Credit Hours	City & Zip Code of Off-Campus Site Location

Required Signatures

I certify that these classes apply toward the degree that the student is seeking at the University of Kansas Medical Center, and that any city & zip code location information provided for off-campus site courses is accurate.

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

Advisor's Signature _____ Date _____

Student's Signature _____ Date _____

By signing and submitting this form, I agree to the following:

- I will submit a new Request for Certification to the Registrar's Office if I make **ANY** changes to my schedule, as I understand that changes in my enrollment may affect my benefits, and may result in an overpayment and necessitate a VA debt letter.
- I understand if I receive a grade of incomplete, it will be reported to the VA and I have one year to obtain a letter grade for that course, or face possible repayment of benefits to the VA.
- I understand the rules and regulations that the VA has set forth for using my selected education benefit. I can learn more information at: <https://www.vets.gov/education/eligibility/>