VA Graduate Enrollment Certification Worksheet

This form must be completed and turned in to the VA certifying official, Room G035 Dykes Library, KUMC 3901 Rainbow Blvd, Kansas City, KS 66160, for each semester that you wish to use your VA benefits.

KUID # ___________________________ NAME ______________________________

SSN: XXX-XX- __ __ __ PHONE ___________________________ EMAIL_____________________

Are you receiving GoArmyEd Tuition Assistance (TA) for this semester?   Yes / No   If yes, what amount? __________
Active Duty?   Yes / No   If yes, are you applying for or receiving in-state tuition?  Yes / No   Do you live on base? Yes/No
* If your address/phone number/e-mail has changed or you've been away for a semester or longer, please fill out a Veteran’s Information Sheet (update form), available at room 3007 Student Center.

STUDENT STATUS

☐ KUMC DEGREE SEEKING STUDENT – INDICATE SCHOOL AND DEGREE: ______________________________

☐ KUMC NON-DEGREE SEEKING STUDENT   ☐ CHECK IF YOU HAVE A TEACHING OR RESEARCH ASSISTANTSHIP.

SEMESTER AND CLASSES TO BE CERTIFIED

☐ SPRING   ☐ SUMMER   ☐ FALL  20_____

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<tr>
<th>SUBJECT</th>
<th>COURSE</th>
<th>CREDIT HOURS</th>
<th>SUBJECT</th>
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<tbody>
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<td>Example: NURS</td>
<td>352</td>
<td>3</td>
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<td>KUCE</td>
<td>Degree</td>
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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 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 VA Certifying Official, Sarah Zimmerschied, 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 benefit.
• The Enrollment Certification Worksheet 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 ___________