



Request for Certification of Military Benefits

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

Please complete both pages of this form and return it to the School Certifying Official in Dykes Library G035 or via email at veterans@kumc.edu.

Name _____ KU ID Number _____

Address _____

Street

City

State

Zip

Email _____ Phone Number _____

I am a: New KUMC Student

*If you have never used your benefits at any institution, you must first apply for your VA Educational Benefits at:
<https://www.vets.gov/education/apply/>

*If you have previously used your benefits at another school, you must complete the Request for Change of Program or Place of Training Form at:
<https://www.vets.gov/education/apply-for-education-benefits/application/1995/introduction>

Continuing KUMC Student

Consortium student, enrolled at both KUMC and another institution

*If you would like to also receive benefits at your second institution, please submit with this form a copy of your course schedule from that institution.

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 Educational Assistance)

* VA File Number (usually the service member's SSN): _____

Chapter 31 (VocRehab)

* My VocRehab counselor is _____

and their email address is _____

Student Status

Academic Program & Degree _____

I do or do not have a Graduate Teaching or Graduate Research Assistant position.

I am or am not receiving grants, scholarships, or Military Tuition Assistance.



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Semester and Courses to be Certified

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

___ Spring ___ Summer ___ Fall 20 ___

Please list all courses in which you are enrolled for the requested semester:

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

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/>