



Office of Veterans Affairs

Washington State University

Registrar's Office

Enrollment Certification Request

Semester: Fall Spring Summer Session

Year: _____

Student Information:

Student Name (print): _____ Student ID#: _____ SSN# _____ - _____ - _____

Degree (BA, MS, PhD, etc.): _____ Major: _____

Expected Graduation Date: December May August 20____ Receiving Tuition Assistance (GoArmyEd, ROTC, etc)? _____

Check if applicable: I request a change of degree program for the upcoming semester. VA form 22-1995 or 22-5495 is attached.

Select the option that best describes your status upon enrolling at WSU:

Discharged Veteran no longer serving on active duty or in the Reserves or National Guard. Branch: _____

Active Duty. Branch: _____

Member of the National Guard.

Reservist, not including ROTC.

Child of a U.S. military veteran or active duty service member.

Spouse of a U.S. military veteran or active duty service member.

VA Educational Benefit program:

Chapter 30 (Montgomery GI Bill)

Chapter 35 (Dependents

Chapter 1606 (Reserve)

Chapter 31 (Voc Rehap)

Education Assistance)

Chapter 1607 (REAP)

Chapter 33 (Post 9/11 GI Bill)

Claim #: _____

____ veteran ____ dependent

Suffix (A, B, etc.): _____

Course Information:

Course name and # (e.g. CHEM 101)	Credits	Resident/ Distance?	Course name and #	Credits	Resident/ Distance?

Are you repeating any courses? If so, which one(s): _____

Advisor signature and agreement:

I certify that all courses listed above are required, as requirements or electives, for this student's program of study.

(Exceptions: _____)

If the student's major has changed, will this extend the expected graduation date by more than one term? Yes No

Advisor name (please print) _____

Advisor signature _____

Department _____

Advisor phone _____

Date _____

Student signature and agreement:

- I understand that the WSU Office of Veterans Affairs will only certify the above, advisor-endorsed courses, with the VA. If you later decide to enroll in a different course(s) you will need to have your advisor sign an amended course list. This can be accomplished on the back of this form.
- I understand that it is my responsibility to inform the WSU Office of Veterans Affairs if I change my schedule or program. If I do not, I may be overpaid benefits which I will be obligated to return to the Veterans Administration.
- I authorize the WSU Office of Veterans Affairs staff to release information from my student record to the Veteran's Administration.

Signature _____ Date _____

Please bring this form to the WSU Office of Veterans Affairs, Holland Library 120B, email it to veterans@wsu.edu, or FAX it to (509) 335-9429. If you have questions, please call (509) 335-1234.