



# 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: \_\_\_\_\_ \* SSN is only required if this is your first time using a VA benefit at WSU.

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 31 (Voc Rehab)
- Chapter 33 (Post 9/11 GI Bill)  
\_\_\_\_ veteran \_\_\_\_ dependent
- Chapter 35 (Dependents  
Education Assistance)  
Claim #: \_\_\_\_\_  
Suffix (A, B, etc.): \_\_\_\_\_
- Chapter 1606 (Montgomery GI Bill - Guard/Reserve)
- Chapter 1607 (REAP)

### Course Information:

Course name and # (e.g. CHEM 101)	Credits	In-person or online?	Course name and #	Credits	In-person or online?

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 complete this form, have it signed by you academic advisor, and return to the WSU Office of Veterans Affairs, Holland Library 120B, email it to [veterans@wsu.edu](mailto:veterans@wsu.edu), or FAX it to (509) 335-9429. If you have questions, please call (509) 335-1234.