



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, or FAX it to (509) 335-9429. If you have questions, please call (509) 335-1234.