

# 16-17 Veteran Certification Form

If you plan on attending school and want to use your VA benefits, you must fill out and return this form as soon as possible. **You will need to do this each semester.** You need to be Pre-enrolled before submitting this form. Enrollment certification will not be done unless you **and an academic advisor** complete and sign this form.

**Return completed form to:**

Steve Enriquez [senriquez1@watc.edu](mailto:senriquez1@watc.edu) | Southside Campus | 4501 E 47<sup>th</sup> St South, Wichita, KS 67210  
 Charis Stanley [cstanley@watc.edu](mailto:cstanley@watc.edu) | Southside Campus | 4501 E 47<sup>th</sup> St South, Wichita, KS 67210

- I am attending:  Fall 2016  
 Spring 2017  
 Summer 2017

Student ID: W00 \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ --- \_\_\_\_\_ E-Mail: \_\_\_\_\_

Is this a change of address:  Yes  No

I will be using the following Chapter benefit:

- |   |  |
|---|--|
| <input type="checkbox"/> 30 MGIB              | <input type="checkbox"/> 31 Vocational Rehab |
| <input type="checkbox"/> 33 Post 9/11 GI Bill | <input type="checkbox"/> 35 Dependent/Spouse |
| <input type="checkbox"/> 1606 MGIB SR         | <input type="checkbox"/> 1607 REAP           |
| <input type="checkbox"/> 32 VEAP              | <input type="checkbox"/> Other _____         |

**Tuition Assistance** (Such as Go Army)

- Yes Please refer to below statement and initial acknowledgement  
 No I will not be using or am not eligible for Tuition Assistance (Go ARMY)

**INITIAL**

\_\_\_\_\_ I understand if I choose to use Tuition Assistance (Go ARMY) I cannot use my chapter benefits for the same class(es) and will be notified by WATC's Veteran's Office to discuss my options.

**Eligibility Letter**

- Yes My eligibility letter is on file with the Veteran's Office at WATC  
 No I have requested my eligibility letter from the VA and understand it must be on file at WATC prior to my classes being certified with the VA

**(OVER)**  
**Veterans Academic Plan**

Student ID: W00\_\_\_\_\_

**Advanced Payment**

Are you requesting advanced payment? If yes, all required documentation must be on file with WATC's Veteran's Office no later than 31 days prior to the beginning of your first class and your signature is required:

- No
- Yes, Signature: \_\_\_\_\_

**Program of Study** \_\_\_\_\_

Is this a change of Program?  Yes  No

**INITIAL**

\_\_\_\_\_ If I have used my benefits at a school other than WATC and I am a new student, I understand I must complete VA Form 22-1995 at [www.gibill.va.gov](http://www.gibill.va.gov) and failure to do so could result in the VA delaying or refusing payment until completed.

Course # and/or Title	Credit Hours	Repeat Course	Repeat Required for Program	Remedial Course	Test Score
_____	_____	Y/N	Y/N	Y/N	_____
_____	_____	Y/N	Y/N	Y/N	_____
_____	_____	Y/N	Y/N	Y/N	_____
_____	_____	Y/N	Y/N	Y/N	_____
_____	_____	Y/N	Y/N	Y/N	_____
_____	_____	Y/N	Y/N	Y/N	_____
_____	_____	Y/N	Y/N	Y/N	_____
_____	_____	Y/N	Y/N	Y/N	_____
_____	_____	Y/N	Y/N	Y/N	_____
_____	_____	Y/N	Y/N	Y/N	_____
_____	_____	Y/N	Y/N	Y/N	_____
_____	_____	Y/N	Y/N	Y/N	_____

**INITIAL**

\_\_\_\_\_ I understand if I have enrolled in a Hybrid class(es), the calculation could be counted as Distance Learning (Online) and may affect benefits I receive (ex: BAH).

**INITIAL**

\_\_\_\_\_ I understand if I do not attend my classes it may affect the benefits I receive.

I understand that if any changes are made to the academic schedule listed above I am required to notify both the WATC Veteran's Office and the VA immediately:

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

As an Academic Advisor, I have reviewed the veteran-student's academic plan and transcripts and have determined that the above listed classes are necessary for the program of study and/or to graduate from Wichita Area Technical College:

\_\_\_\_\_  
**Advisor's Signature**

\_\_\_\_\_  
**Date**