



Form 100

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 coach* complete and sign this form. Incomplete forms will be returned to you.

Return completed form to:

Steve Enriquez senriquez1@watc.edu | Southside Campus | 4501 E 47th St South, Wichita, KS 67210

Charis Stanley cstanley@watc.edu | Southside Campus | 4501 E 47th St South, Wichita, KS 67210

Veteran is Enrolled for (check one): Fall ___ Spring ___ Summer___

Date Form Submitted _____ Student ID: _____ Social Security Number _____

Name _____ Phone # _____

Current Address _____ E-Mail Address _____

Is this a change of address _____ No _____ Yes

Do you receive BAH _____ No _____ Yes

What chapter are you filing for? ___ 30 ___ 31 ___ 32 ___ 33 ___ 34 ___ 35 ___ 1606 ___ 1607

Yes, I have received my eligibility letter from the VA and have turned it in to a WATC coach/school certifying official.

No, I have requested and once received from the VA, will turn in to WATC certifying official and understand my aid cannot be certified until the eligibility letter is on file.

Is Advance payment Requested? _____ No _____ Yes (must be made 30 days prior to the beginning of classes)

If Yes, Signature Is Required _____

(OVER)
Veterans Academic Plan

Program of Study _____ **(MUST BE COMPLETED)**

Is this a change of Program **NO / YES** (if yes you **MUST** also complete Form 22-1995 only if you are a new student)

You may complete this Form 22-1995 at: www.gibill.va.gov. After doing that you **MUST PRINT OUT AND TURN IN** a copy of the completed form to a WATC School Certifying Official.

Course #	Course Title	Credit Hours	Repeat Course	Repeat Course 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	_____
_____	_____	_____	Y/N	Y/N	Y/N	_____
_____	_____	_____	Y/N	Y/N	Y/N	_____
_____	_____	_____	Y/N	Y/N	Y/N	_____

_____ **If enrolled in Hybrid class(s) the calculation could be counted as Distant Learning (Online) and may effect benefits (ex: BAH) received**
 Student Initials

_____ **If I fail to attend the classes I enroll in it may effect the benefits received.**
 Student Initials

I, the veteran-student, understand that if any changes are made to the academic schedule listed above I am required to notify both Wichita Area Technical College Veterans Certifying Official and the Department of Veterans immediately.

 Student's Signature

As an Academic Coach, 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.

 Coach's Signature