



VETERANS INFORMATION SHEET

Veterans Office
Saint Mary Hall, Rm 105
Leavenworth, KS 66048
913-758-6121

Fall _____ Spring _____ Summer _____
20____

Name _____
(First) (Middle) (Last)

Soc. Sec. No. _____

Address you wish check sent to:

Date of Birth: _____
Degree: AA _____ BS _____ BA _____
MBA _____ MA _____
Curriculum or Major: _____

Home Phone No. _____
Work Phone No. _____

VA "C" No. _____
Required for all dependents and veterans with assigned numbers.

CLASS SCHEDULE

Complete this section for all class sessions.

Check if retake	Course ID	Course Title	Credit Hrs	Office Use Only

Previously attended USM classes and received Veterans' Educational Benefits. Yes ___ No ___
Will you be concurrently enrolled at another Institution? _____
Active duty military Yes ___ No ___ Army, Navy, Air Force, Marines (Circle One).
Enrollment Fees: \$ _____ (Required for all active duty and /or less than 1/2 time).

Active Duty/Previous Active Duty	Chapter 30 _____
Vocational Rehabilitation Veterans Program	Chapter 31 _____
Veterans Educational Assistance Program (VEAP)	Chapter 32 _____
Veterans Educational Benefit Program (Original GI Bill)	Chapter 34 _____
Dependents Education Assistance Program	Chapter 35 _____
Selected Reserve Educational Assistance Program	Chapter 1606 _____

(Original GI Bill) Martial Status: Single _____ Married _____ Divorced _____ Widowed _____
(Chapter 34 only) Number of dependent children: _____ Number of dependent parents _____

All the information on this form is true and complete to the best of my knowledge.

Date

Signature of Student

READ CAREFULLY

The Veterans Administration has regulations concerning satisfactory progress and course enrollments which the school is required to observe and enforce. You should be aware of the following information:

I. **EDUCATIONAL OBJECTIVE** - In order to receive V.A. benefits, you must declare a PROGRAM of STUDY. This objective must be stated on your application for benefits, and no payments may be authorized for courses which do not lead to this objective. If you wish to change your educational objective, you must submit a REQUEST FOR CHANGE OF PROGRAM. The number of changes must be approved by the Veterans Administration.

II. **CREDIT FOR PREVIOUS TRAINING** - Veterans are required to have all previous credit evaluated. Therefore, all students desiring V.A. benefits must have OFFICIAL TRANSCRIPTS submitted to the school from all schools attended whether VOCATIONAL, TECHNICAL, OR COLLEGIATE. A final evaluation of these credits must be completed by the end of your second quarter and reported to the Veterans Affairs Office or your payments will be terminated.

III. **DIPLOMA STUDENTS/REPORTING ABSENCES** - All veterans enrolled in a diploma program are required to report their attendance. No check will be issued until attendance is reported to the Veterans Administration monthly.

IV. **TELECOURSES** - Telecourses are approved for payment under V. A. benefits, but they are classified as Independent Study; therefore, the V. A. will not make payments on the same basis as courses taken in residence.

V. **INFORMAL ENRICHMENT/CONTINUING EDUCATION UNIT** - Informal Enrichment and C.E.U. courses are not approved for payment under V.A. benefits. There are no exceptions!

VI. **ACADEMIC PROBATION/EXCLUSION** - You should read the school policy concerning probation and exclusion.

VII. **THE V.A. WILL NOT PAY FOR:**

- A. Repeating a course that you have a grade of "D" or better, unless the course is a prerequisite for other required courses; and department policy requires a grade of "C" or better
- B. Courses which are not required for your Program of Study
- C. Courses from which you withdraw (It is in your best interest to submit a statement in support of claim to the Veterans Administration.)
- D. Informal Enrichment and C.E. U.
- E. Open elective for which you have equivalent transfer credit
- F. Audit classes

VIII. **YOU SHOULD NOTIFY THE USM VETERANS AFFAIRS OFFICE OF:**

- A. Change of Program
- B. Change of Address
- C. Change in marital status or dependents
- D. The quarter you plan to graduate
- E. Any academic problems you experience
- F. Any change made in your academic schedule

I have read and understand the information and notations above. I will be said responsible for any infraction of these basic requirements.