Office of the Registrar VA Education Benefits

KSU VA Intake Form

To get started using VA education benefits at KSU complete thi[s form after you] have applied and been accepted to KSU Email to your

Name: ______________________ Student Type: ____ Undergrad/Graduate ____

Student ID: ______________ Beneficiary Type: self/spouse/dependent ____

Semester ____ and Year ____ you will begin/began attending KSU

Intended Major: ____

- You MUST submit a copy of your Certificate of Eligibility with this form. If you applied to the VA, you apply before ... *If Ch. 31 VR&E, an authorization should be provided by the VR&E Counselor instead of a COE.
- This Intake form only needs to be completed once ... This form does not initiate certification of your enrollment to the VA. Please refer to the Benefit Review information that will soon be emailed to your KSU student email.

______ (initial) I understand that Benefit Review information will be emailed to my KSU student email once my Intake documents are processed. In the meantime, I have reviewed the information on the KSU VA Education Benefits website

______ (initial) I have my Certificate of Eligibility from the VA and am including a copy with this Intake form, or if using Chapter 31 VR&E, have verified with my Chapter 31 VR&E Counselor that a current authorization is on file.

Email this completed and signed form along with a copy of your ... School Certifying Official using your KSU student email. Please contact ... with questions

I have read and understand the information on the KSU VA Education Benefits website, including my payment responsibilities ... I understand that I am responsible for confirming that all ... I am responsible to reimburse ... overpayment made by VA

Student Signature: ______________________________ Date: ________________

Email this completed and signed form along with a copy of your ... to your KSU VA School Certifying Official using your KSU student email

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Office of the Registrar Use Only

Benefit Chapter ____ ☐ COE/AUTH ☐ Benefit Review ☐ SAA DMS ☐ SGASTDN

CH ____ Time Remaining ______________________________

Comments ____