

Office of the Registrar - VA Education Benefits
KSU VA Intake Form



To get set up to use VA education benefits at KSU, download and complete this form after you have applied and been accepted to KSU. Email to your KSU VA [School Certifying Official](#).

Name: _____ Student Type: Undergraduate ___ Graduate ___
Student ID #: _____ Beneficiary Type: Veteran/Active ___ Dependent ___

Semester _____ and Year _____ you will begin/began attending KSU.

Intended Major: _____

- You **MUST** submit a copy of your ***Certificate of Eligibility** along with this form. If you have not yet applied with the VA to use your benefits, apply at va.gov. *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** to set up your KSU VA file. 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 and understand that I have to request certification every semester (including my first semester).

_____ (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 **Certificate of Eligibility** to your KSU [School Certifying Official](#), using your **KSU student email**. Please contact your [School Certifying Official](#) with any questions.

I have read and understand the information on the KSU VA Education Benefits website, including my payment responsibilities, how to request certification each semester, and that only classes required for my degree can be certified. I understand that I am responsible for confirming that all payments due the university are paid. I am also responsible to reimburse the appropriate party for any overpayment made by the VA.

Student Signature: _____ Date: _____

Email this completed and signed form along with a copy of your Certificate of Eligibility to your [KSU VA School Certifying Official](#), using your **KSU student email**.

Office of the Registrar Use Only

Benefit Chapter _____ COE/AUTH Benefit Review SAAADMS SGASTDN

CH. 33 % _____ Time Remaining _____

Comments: _____