

WAYNE STATE UNIVERSITY

○ ○ ○ ○
Data Entered

REQUEST FOR VA ENROLLMENT CERTIFICATION

GRAD UG

TERM _____

LAST NAME <input style="width: 90%;" type="text"/>	FIRST NAME <input style="width: 90%;" type="text"/>	M.I. <input style="width: 80%;" type="text"/>
STUDENT ID NUMBER <input style="width: 90%;" type="text"/>	DAY TIME PHONE NUMBER <input style="width: 90%;" type="text"/>	NEW E-MAIL? <input style="width: 80%;" type="text" value="YES or No"/>
WSU E-MAIL ADDRESS <input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text" value="GRAD or UG"/>	<input style="width: 80%;" type="text" value="New or Returning"/>

NAME OF DECLARED DEGREE PROGRAM – CIRCLE ONE THAT APPLIES

BA / BIS / BS / BM / BSET / BSN / BSW / DCE / ISP / JD / MA / MBA / MEd / MD / MSW / MAT / VEOP / OTHER

CIRCLE-----IF YOU ARE YOU CLAIMING BENEFITS AS A:

<u>Veteran</u>	<u>Reservist</u>	<u>National Guard Member</u>	<u>Vocational Rehab</u>	<u>Dependent</u>
----------------	------------------	------------------------------	-------------------------	------------------

CIRCLE: BRANCH OF SERVICE

<u>Air Force</u>	<u>Army</u>	<u>Coast Guard</u>	<u>Marine Corps</u>	<u>Navy</u>
------------------	-------------	--------------------	---------------------	-------------

HAS YOUR HOME ADDRESS or PHONE NUMBER CHANGED SINCE LAST CERTIFIED FOR BENEFITS? Yes, No
List changes:

CIRCLE: SEMESTER OF REQUEST

<u>FALL</u>	<u>WINTER</u>	<u>SPRING 8WKS</u>	<u>SPRING/SUMMER 13WKS</u>	<u>SUMMER 8WKS</u>
-------------	---------------	--------------------	----------------------------	--------------------

CIRCLE: YEAR OF REQUEST: 2006 2007 2008 OTHER _____

TOTAL CREDIT HOURS TO BE CERTIFIED (REGISTERED FOR) : **CREDITS**

Note: Credit Load required for Full Time Benefit Pay varies during accelerated Spring/Summer terms and for GRAD students.

- 1) Undergraduate Students: Circle how many hours you have completed towards Bachelors:

Greater than 60 Credits OR **Less than 60 credits**
- 2) Have you officially declared your major? **YES** **NO** **Major:** _____
- 3) Have you officially declared a minor? **YES** **NO** **Minor:** _____
- 4) Are you enrolled in a **Post Bachelors** or **Post Masters** Certificate Program? **YES** **NO**
 i) If yes, name of Certificate Program: _____
- 5) Are you currently on **academic probation**? **YES** **NO**
 i) How many semesters have you been on Academic Probation:-
Benefits will be terminated after three semesters on academic probation. 1 2 3
- 6) Are you a **VETERAN who is now** a National Guard Member? **Army NG** **Air NG** **N/A**

- 7) Have you turned in a copy of your dd 214 to WSU? **YES NO N/A**
- 8) Are you a member of an ROTC unit? **YES NO**
- 9) Have you requested Military Transcripts to be sent to WSU? **YES NO N/A**
- 10) Transfer students have your transfer credits been evaluated? **YES NO N/A**
If NO, then your paperwork may be delayed after SECOND semester with WSU.
- 11) Please note TOTAL transfer credits accepted by WSU: _____ Are all applicable to WSU degree? **YES NO N/A**
- 12) Are you a Guest Student at a second institution college or university? **YES NO N/A**
 i) If yes, name of Parent institution: _____
 ii) Name of Secondary Institution: _____
- 13) Are you registering for any **repeat, deficiency courses or auditing a class**? **YES NO**
 i) **Course:** _____
- 14) Are you participating in **Practical Training, Clinicals, Internship, Co-Op** or enrolling in an **on-line course**? **YES NO**
 If **YES** title of course or program is: _____
- 15) Have you changed your **MAJOR and lost 12 credit** hours or more towards new degree program? **YES NO**
 i) Name of New Program: _____
 ii) Credit Hour Loss: _____
- 16) Have you turned in a **current** Plan of Study to **OMVEB**? (Within the last 3 Semesters?) **YES NO**
If NO, then your request will not be processed.
- 17) Are you currently working on completing an Incomplete (I) or Deferred (Y) grade received within the past academic year? **YES NO**
 If yes, please indicate:
 i) Course Title : _____ Course Number: _____
- 18) Are any of your courses longer or shorter than the standard 16 weeks (**Fall or Winter semesters only**) **YES NO**
 If yes, please indicate
 Course _____ Semester Dates _____

NOTE: ANY REQUEST THAT FAILS TO ANSWER ALL QUESTIONS WILL BE RETURNED IMMEDIATELY TO STUDENT VIA US MAIL.

Please list the course subject(s), and number of credit hours, and semester you wish to have certified by the VA.
THIS SECTION MUST BE COMPLETED OR REQUEST WILL BE RETURNED TO STUDENT IMMEDIATELY.

- (ie) HIS 1100 3 Hrs Spring 8 wk. _____
1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

STUDENT AKNOWLEDGEMENT

I acknowledge that I must notify the Wayne State VA Certifying Officials Matt McLain or Mary Valleau immediately upon making changes to my course selection; THIS INCLUDES ANY STOP IN MY ATTENDANCE OF ANY COURSES.

STUDENT SIGNATURE _____

DATE _____

FOR OMVEB OFFICE USE ONLY

Hours Certified: _____ Date Certified: _____

 Signature of VA Certifying Official

Subsequent Change of Hours (Manual Check): _____