

EMPORIA STATE UNIVERSITY

FINANCIAL AID, SCHOLARSHIPS, & VETERANS SERVICES

Veterans Information Sheet

1 Kellogg Circle, Campus Box 4038, Emporia, KS 66801-5415
 Phone: (620) 341-5457 or 1-800-896-0567 Fax: (620) 341-6088
 finaid@emporia.edu

Summer _____ Fall _____ Spring _____

Name _____

VA File Number _____

Student ID Number _____

Social Security Number _____

Mailing Address:

Date of Birth _____

Degree _____

Curriculum/Major _____

E-Mail Address: _____

CLASS SCHEDULE

Complete this section for all class sessions

Check if retake	Course Number	Course Title	Credit Hour	Advisor Use Only Approved for Degree – Yes or No
EXAMPLE	EG101A	Composition I	3	Yes – Repeating – Needs C or better

Your advisor's signature is required as verification that the courses listed on this form are required to complete your degree. Any courses not being applied to your degree must be indicated.

Advisor's Signature: _____ Date: _____

- Veterans Educational Benefits
- Disabled Veterans Program
- Veterans Educational Assistance Program (VEAP)
- Post 9/11 GI Bill
- Dependents Educational Assistance Program
- Selected Reserve Educational Assistance Program
- REAP

- Chapter 30 _____
- Chapter 31 _____
- Chapter 32 _____
- Chapter 33 _____
- Chapter 35 _____
- Chapter 1606 _____
- Chapter 1607 _____

Home Phone Number: _____

Cell Phone Number: _____

All information on this form is true and complete to the best of my knowledge. I will notify Veterans Services personnel promptly of all changes in my enrollment or class attendance. I understand that failure to do so may result in an overpayment with the Department of Veterans Affairs.

(Date)

(Signature of Student)