

Veterans Affairs Information Sheet

Personal Information

Last Name First Name Middle Initial

WSU Student ID Number Social Security Number (full number, not just last four)

Phone Number WSU Email Address

Street Address

City State ZIP Code

Intended Major/Degree Program

First time using benefits: Yes No

Active duty while attending school: Yes No

Program level: Undergraduate Graduate

Starting term and year: Fall Spring Summer _____
Year

Washington resident*: Yes No

*To be considered a resident, you must have established ties to the state of Washington at least 12 months prior to the start of term. If you were discharged from the military within three years of starting school, you may be eligible for resident rate tuition. Contact the Veterans Coordinator for more information.

Benefits

Chapter 30 Montgomery GI Bill (Active Duty)

Chapter 1606 Montgomery GI Bill (Reserves/National Guard)

Chapter 31 Vocational Rehabilitation & Employment Counselor's name: _____

Chapter 33 Post 9/11 GI Bill Eligibility %: _____ Veteran Dependent

Chapter 35 (DEA) VA file number: _____ Date of birth: _____ Spouse Child

Tuition Waivers

Contact the Veterans Coordinator for more information about tuition waiver eligibility.

- Veterans using Chapter 30 or Chapter 1606 may be eligible for a 50% tuition waiver.
- Veterans using Chapter 33 who are not eligible for 100% of the GI Bill may be eligible for a tuition waiver up to 50%. (Example: 70% GI Bill, 30% tuition waiver; 50% GI Bill, 50% tuition waiver)
- Veterans who exhaust their VA benefits may be eligible for a 50% tuition waiver.
- Dependents using Chapter 35 benefits may be eligible for a 100% tuition waiver.

Chapter 35 Undergraduate 100% Tuition Waiver

Chapter 35 Graduate 100% Tuition Waiver

Veteran Undergraduate Partial Tuition Waiver Waiver %: _____ (Not eligible during summer terms)

Veteran Graduate Partial Tuition Waiver Waiver %: _____ (Not eligible during summer terms)

Not eligible for a tuition waiver at this time

Opting to save the tuition waiver for a later date

By submitting this form, I confirm that the above information is true to the best of my knowledge. I will notify the Veterans Coordinator of any changes. I will also contact the Veterans Coordinator after registration each term and if I add, drop, or make changes to my schedule after I have been certified with the VA.

Signature (Enter full name if submitting electronically)

Date