UMKC Student Veteran & Depende	ent Enrollment Data Form (EDF)				
Name:	Student ID:				
Major:	Minor:				
Semester: Fall Spring Summer Year	Undergraduate: Graduate:				
Last term VA benefits were used:	Are you a continuing UMKC student: Yes No*				
Are you a Veteran: Yes No Branch:	If yes, are you on Active Duty: Yes No				
*If benefits have been used at a previous school students must complete a C	hange of Program or Place of Training at www.benefits.va.gov.				
Please select the education benefit* that you will use:					
Chapter 33 – Post 9/11 GI Bill					
Chapter 33 - Post 9/11 Dependent					
Chapter 30 Montgomery Bill					
Chapter 1606 – Selected Reserves					
Chapter 35 Survivor's & Dependents Program (DEA), Please	Provide Veteran File # (not your SSN):				
Chapter 31 Vocational Rehabilitation, Please Provide Counselor Name:					
*If you have changed benefits you need to submit additional documents. C	Contact the VA Certifying Official for more information.				

Are you using Tuition Assistance? If yes, please select from the following:

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GoArmy Ed (cannot be used in conjunction with Chapter 1606)				
Missouri National Guard				
MyCAA (Air Force)				
Other (please specify)				
I want to use Tuition Assistance AND GI Education Benefits this semester:	Yes	No		
I only want to use Tuition Assistance this semester: Yes No				•

Course Prefix & Number (ex: ENGL 101)	Reference Number (5-digit)	Credit Hours	Required Course	Required Elective	Non-Required (will not apply towards graduation completion of above listed major/minor)	Non-Required Prerequisite*	Repeating Course (yes/no)	If yes, is Department requiring course repeat? (yes/no)

^{*}Prerequisite courses can be certified if they are required to get into higher level, required courses or a specific program.

ADVISOR PRINTED NAME:	
ADVISOR SIGNATURE:	DATE:

You and the University of Missouri – Kansas City are obligated, by law, to report your academic progress. By reading, initialing and signing below, you are agreeing to the following:

I accept personal liability for any overpayment made to me by the VA as a result of receiving a grade of W or WF. I agree to refund such overpayments promptly to the Veterans Administration (VA).

I authorize UMKC to release any information furnished on this form to the VA for Veterans Benefits.

I understand that I am responsible for keeping my address updated with UMKC and this can be done online through Pathways.

I agree to notify the School Certifying Official if I withdraw from all my classes.

I understand if I am using Tuition Assistance that credit will not be apply to my account until I have submitted an Enrollment Data Form to the School Certifying Official and my Tuition Assistance Approval letter to the Cashier's Office.

I understand that all courses listed must match enrollment. The VA will allow students to have a major of General, Undecided or Pre – for 2 years. After that I must be degree seeking to receive benefits.

I understand that UMKC will release information to the VA to include any requested student records and/or transcripts. This may include my Social Security number, address, academic information and rate of academic progress. I understand that this release of information may result in changes to my benefit eligibility.

For Chapter 30 and 1606 benefit recipients' attendance must be certified monthly by using the Web Automated Verification of Enrollment (WAVE) system or by calling the toll free number, 877-823-2378.

I have been informed of the option to utilize the Missouri Returning Hero Act.

I have read the above statements, I understand them and my signature signifies my agreement.

SIGNATURE: DATE:

Return completed Form by email, fax, mail or at the front desk in Registration and Records:

VA School Certifying Official
Registration and Records
Administrative Center Room, 115
5115 Oak Street, Kansas City, MO 64110

Phone: 816-235-1121 Fax: 816-235-5513 umkc-vetbenefits@umkc.edu