



**WRIGHT STATE  
UNIVERSITY**

# Veterans Enrollment Report

**Veteran & Military Center**  
3640 Colonel Glenn Hwy.  
Dayton, OH 45435-0001  
(937) 775-5550  
Fax: (937) 775-3595  
e-mail: veteransaffairs@wright.edu  
http://www.wright.edu/veterans

\_\_\_\_\_ Year 20\_\_\_\_  
Semester \_\_\_\_\_

Major \_\_\_\_\_ UID \_\_\_\_\_

\_\_\_\_\_  
Name (Last/First/Middle Initial)

\_\_\_\_\_  
Address (Street and Number)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WSU email address \_\_\_\_\_@wright.edu

**Check where appropriate (you can check multiple boxes):**

**New Students**

- New Undergraduate Student  
Student SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
VA File #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- New Graduate Student  
Student SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
VA File #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Continuing Students**

- Continuing Undergraduate Student  
 Continuing Graduate Student  
 Transfer Student from \_\_\_\_\_

- Veteran/Active Duty (CH 30)  
 Post 9/11 Veteran/Active Duty (CH 33)  
 Post 9/11 TOE (CH 33)  
 Child/Spouse of  
deceased or disabled veteran (CH 35)  
 Selected Reserve/Guard (CH 1606)  
 REAP (CH 1607)  
 Vocational Rehabilitation (CH 31)

Course Name/Number (EX ENG 1010)	Credit Hours	Repeated Class/Grade Received
		A <input type="checkbox"/> , B <input type="checkbox"/> , C <input type="checkbox"/> , D <input type="checkbox"/> , F <input type="checkbox"/> , X <input type="checkbox"/>
		A <input type="checkbox"/> , B <input type="checkbox"/> , C <input type="checkbox"/> , D <input type="checkbox"/> , F <input type="checkbox"/> , X <input type="checkbox"/>
		A <input type="checkbox"/> , B <input type="checkbox"/> , C <input type="checkbox"/> , D <input type="checkbox"/> , F <input type="checkbox"/> , X <input type="checkbox"/>
		A <input type="checkbox"/> , B <input type="checkbox"/> , C <input type="checkbox"/> , D <input type="checkbox"/> , F <input type="checkbox"/> , X <input type="checkbox"/>
		A <input type="checkbox"/> , B <input type="checkbox"/> , C <input type="checkbox"/> , D <input type="checkbox"/> , F <input type="checkbox"/> , X <input type="checkbox"/>
<b>Total Credit Hours</b>		

★★★ Important Information ★★★

For **Post 9/11 only**: If you receive tuition only financial aid or any other financial assistance (e.g. scholarships, grants), the balance (net cost) of tuition and fees after these deductions is what will be submitted to the VA  
For **Post 9/11 only**: BAH (51% or more time) will be prorated based on enrollment effective August 1, 2011

**Your signature indicates:**

1. ***This form must be filled out each semester to receive benefits.***
2. ***The major listed above is the major being pursued and all classes listed are required for the major.***
3. ***Your affirmation that the above information is true and correct.***
4. ***That you agree to observe the requirements outlined on the reverse side of this form.***

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Notice of Benefits Requirements

1. Students receiving benefits should immediately report the last day of attendance to the WSU Veterans Affairs Office if they stop attending or withdraw from a course before the course is completed.
2. Enroll only in courses that are applicable to your degree program. You will be held liable for repayment of money to the V.A. for any course(s) in which you enroll that cannot be applied toward your degree program.
3. These grades will impact your benefits:
  - L - Audit does not qualify for benefits
  - N - No grade; thus no benefit eligibility
  - X - Failure to complete a course; benefits reduced significantly;  
immediately file a report of your last day of attendance and any mitigating circumstances.
  - I - Incomplete, course cannot be repeated with benefits until the I grade has been changed.