

**VA – ENROLLMENT DATA FORM (EDF)**

Name: Kasey Roo Student ID: 00000000  
 Phone: 816-000-0000 UMKC Email: rookasey@umkc.edu  
 Major: Bachelor of Liberal Arts Minor(s): Roo Studies  
 Graduate  Undergraduate

VA Education Benefits	Tuition Assistance
<input type="radio"/> CHAPTER 30 – Montgomery G.I. Bill <input type="radio"/> CHAPTER 1606 – Selected Reserves <input type="radio"/> CHAPTER 31 – Vocational Rehabilitation <input type="radio"/> CHAPTER 35 – Survivors' & Dependents' Educational Assistance Program (DEA) <input type="radio"/> CHAPTER 1607 – REAP <input checked="" type="radio"/> CHAPTER 33 – Post 9/11 G.I. Bill  *If Ch. 33, please select one: I am a <input checked="" type="radio"/> Veteran <input type="radio"/> Dependent of a Veteran	<input checked="" type="radio"/> GoArmyEd <input type="radio"/> MyCAA (Airforce) <input type="radio"/> Missouri National Guard <input type="radio"/> Other – please specify _____

\*If you have changed benefits you need to submit additional documents. Contact the VA Certifying Official for more information.  
 \*You must be certain which chapter you claim benefits under. If in doubt, please contact the VA directly for information at 1.888.442.4551. Or, you can use their Ask a Question website: <https://gibill.custhelp.com/>

Have you previously received VA benefits?:  YES  NO If yes, list the last term you received benefits: \_\_\_\_\_

Were you attending UMKC the last time you received benefits?  YES  NO\*  
 \*If no, it will be necessary that you complete and return to my office either a 22-1995 (chapters 30, 1606, 1607, and 33) or a 22-5495 (Chapter 35). Please complete the appropriate form [here](#).

Term: Fall 2014

Catalog Number (5 digit)	Subject	Credit Hours	Required Course	Required Elective	Non-required (Will not apply towards graduation completion of above listed major)	Non-required Prerequisite *	Student is repeating this course? (Yes/No)	If yes, Department is requiring course repeat? (Yes/No)
12345	Math 100	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N	-
12543	English 100	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

\* We can certify prerequisite courses required to get into higher level, required courses, or a specific program

ADVISOR PRINTED NAME Advisor Roo

ADVISOR SIGNATURE *Advisor Roo* Date: 7/18/14

I HAVE READ AND FULLY UNDERSTAND WHAT IS REQUIRED OF ME AND WILL COMPLY WITH THE POLICIES AND PROCEDURES AS INDICATED. I UNDERSTAND THAT THE GRADE OF "NR", "W", OR "WF" WILL RESULT IN AN OVERPAYMENT OF BENEFITS. I ACCEPT PERSONAL RESPONSIBILITY FOR ANY OVERPAYMENTS MADE AND I AGREE TO REFUND SUCH OVERPAYMENTS PROMPTLY TO THE VETERANS ADMINISTRATION (VA). IN ADDITION TO THE ABOVE, I AUTHORIZE THE INFORMATION FURNISHED ON THIS FORM TO BE RELEASED TO THE VA FOR VETERANS BENEFITS. I AGREE THAT UMKC MAY SHARE MY INFORMATION WITH THE VA TO INCLUDE: SOCIAL SECURITY NUMBER, ADDRESS, ACADEMIC INFORMATION AND RATE OF ACADEMIC PROGRESS.

IF UTILIZING TUITION ASSISTANCE, I AUTHORIZE THE UNIVERSITY OF MISSOURI-KANSAS CITY TO RELEASE ALL RECORDS REQUIRED BY ANY MILITARY AFFILIATE TO UTILIZE TUITION ASSISTANCE AT UMKC.

STUDENT SIGNATURE: *Kasey Roo* Date: 7/18/14