



East Central University

Veteran Intake Sheet

Name: _____ ECU ID: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____ ECU Email Address: _____@email.ecok.edu

Undergraduate: _____ Graduate: _____ Term: Spring: _____ Fall: _____ Summer: _____ Year: 20____

Major: _____ Concentration: _____ Minor: _____

2nd Major: _____ All double majors must meet the requirements as outlined in the ECU course catalog. All requests must be submitted to the School Certifying Official prior to the veteran student's entrance into the dual objective study. All requests must be signed by the chairperson or dean of the department involved in granting the dual degree or major.

I am a veteran or am on active duty requesting the following VA Benefit:

_____ Post-9/11 (Chapter 33) _____ Montgomery GI Bill (Active Duty, Chapter 30) _____ Vocational Rehabilitation (Chapter 31)

_____ REAP (Chapter 1607)* _____ MGB Selected Reserve (Chapter 1606)*

(* Please Indicate: National Guard _____ or Reserve _____)

If you checked Chapters 30, 31, 1606, or 1607, did you serve after September 11, 2001? _____ Yes _____ No

I am on Active Duty _____ Yes _____ No

(If yes, are you receiving additional aid from the Department of Defense? _____ Yes _____ No)

What Type: _____ (A/D TA, Reserve TA, etc...)

CHAPTER 1606/1607 Only:

Did you receive a kicker as part of your educational benefits? _____ Yes _____ No (1606 and 1607 only)

I am a Dependent/Spouse requesting the following VA Educational Benefit:

Dependents' Educational Assistance (Chapter 35: dependent/spouse of deceased or 100% totally and permanently disabled veteran.) _____

Post 9/11 (Chapter 33T: parent or spouse was on active duty when benefits were transferred.) _____

- I understand that I must report all changes of class schedules (drop/add/withdrawal) to Veterans Student Support Services immediately upon processing.
- I understand that I must complete a Veteran Intake Sheet for EACH semester that I desire to receive benefits. I will not be certified if I have not done so.
- I grant permission for representatives from ECU Veterans Student Support Services to check my class attendance, participation, and grades and report all irregularities to the Regional VA office as required.
- Failure to complete any of the above could result in the delay or loss of educational benefits through the VA.

STUDENT SIGNATURE: _____ DATE: _____

For Office Use Only

NEW TRANSFER CONTINUE CONCURRENT

Full Semester _____ hrs Alternate Calendar _____ hrs Extended Term (sum) _____ hrs

1st 8 wk _____ hrs 2nd 8 wk _____ hrs Intersession _____ hrs Date _____

Student changed major/minor to: _____ Last semester VA certified at ECU? _____

Remarks: _____

Kicker sent for new student: _____ Add Code: _____ Date: _____

Initials: _____ Date: _____

Veteran Student Support Services, 1100 E. 14th St., ECU PMB V-5, Ada, OK 74820-6999, (580) 559-5249, FAX (580) 559-5776