



Please Fill Out and Return to VA Coordinator

## OSU Institute of Technology VA Intake Worksheet

**STUDENT INFORMATION:**

Name: \_\_\_\_\_ CWID: \_\_\_\_\_ Major: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 ZipCode: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 VA File Number (dependents only) \_\_\_\_\_

WHICH CHAPTER OF BENEFITS DO YOU PLAN ON RECEIVING: (CIRCLE ONE)

CH30 CH31 CH33 CH35 CH1606 CH1607

**Read and initial:**

- \_\_\_\_\_ I understand that dropping below full-time may affect my educational benefits
- \_\_\_\_\_ I understand that I must submit a Veterans Advisory Form each semester.
- \_\_\_\_\_ I understand that I must inform OSUIT Veteran Student Services of any and all changes that I make to my schedule and I must submit a new Advisory Form if any changes are made.
- \_\_\_\_\_ I understand that at the end of the term, unsatisfactory progress (i.e. W's, NP's, F's and U's) will be reported to the VA and may affect my academic status.
- \_\_\_\_\_ I must request that all my college transcripts (including military credit) be sent to the Registrar's office.
- \_\_\_\_\_ I understand that the OSUIT Certifying Official has agreed to certify me for this (1) semester, to allow time for my prior credit to be properly evaluated toward my major.
- \_\_\_\_\_ I understand that if I am given prior credit for any certified course(s) for a semester, I will be required to repay the Department of Veteran Affairs.
- \_\_\_\_\_ I am responsible for insuring that all advanced standing and substitutions are reflected in my records for my current major. (Check with your division to see that these are reflected in the degree audit)
- \_\_\_\_\_ It is my responsibility to see that all transfer work, advanced standing and substitutions are submitted to the OSUIT VA certifying official.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Official Use Only**

**CH 30/33/1606/1607**

**CH 31**

**CH 35**

<input type="checkbox"/> Certificate of Eligibility <input type="checkbox"/> VA Intake Sheet <input type="checkbox"/> Release of Confidential Information Sheet <input type="checkbox"/> Class Schedule <input type="checkbox"/> Military Transcript Evaluation	<input type="checkbox"/> VA Form 28-1905 or 28-8872 (signed by counselor) <input type="checkbox"/> VA Intake Sheet <input type="checkbox"/> Release of Confidential Information Sheet <input type="checkbox"/> Class Schedule <input type="checkbox"/> Military Transcript Evaluation	<input type="checkbox"/> Certificate of Eligibility <input type="checkbox"/> VA Intake Sheet <input type="checkbox"/> Release of Confidential Information Sheet <input type="checkbox"/> Class Schedule <input type="checkbox"/> Veteran's SSN and File Number
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