

**COMPLETE IN BLACK INK** MSU Center for America's Veterans Military Benefits Form

ALLOW 2 BUSINESS DAYS (48 HOURS) For The VETERAN HOLD To Be Removed After Our Office Receives Your Completed Military Benefit(s) Form  
\*\*\*Incomplete Form(s) WILL BE RETURNED for Correction and VET HOLD WILL REMAIN on your account until Corrected Form(s) are Received\*\*\*

**\* ARE THE REQUIRED AREAS TO COMPLETE-** One Form Is Needed For Each Term/Semester You Are Requesting Military Benefits

\* New Student: \_\_\_ Current Student: \_\_\_ Last term benefits requested: \_\_\_\_\_ Registering # of Credit Hours \_\_\_\_\_

\* Fall \_\_\_ Year \_\_\_\_\_ Spring **ONLY** \_\_\_ Year \_\_\_\_\_ Spring **AND** Winter \_\_\_ Year \_\_\_\_\_ Summer \_\_\_ Year \_\_\_\_\_

**Student Information:**

\* Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ DOB: \_\_\_\_\_

\* Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* Cell Phone #: \_\_\_\_\_ MSU ID#: \_\_\_\_\_ MSU Email: \_\_\_\_\_@msstate.edu

\* Are you a Mississippi Resident? Yes: \_\_\_ No: \_\_\_ If no, did you apply for a Non-Resident Waiver: Yes: \_\_\_ No: \_\_\_

\* Are you the Service-Member? Yes \_\_\_ No \_\_\_ Are you a Dependent of a Service-Member Yes \_\_\_ No: \_\_\_

*Example: Degree: Bachelor of Science*

*Major: Psychology*

\* Degree: \_\_\_\_\_ Major: \_\_\_\_\_

\*\*\* PLEASE NOTE\*\*\*\* Intermediate/Remedial classes may not be taken Online through Distance Education; must be in person.

\* Are you Graduating this term? Yes \_\_\_ No \_\_\_ If no, anticipated graduation date: \_\_\_\_\_

**\* Military Benefit Information for Dependents: Choose your benefit- Select only one**

**\*\*Schedule Changes may result in a debt to MSU or VA that you are responsible to pay\*\* Initial Here: \_\_\_\_\_**

\_\_\_ Chapter 33 TEB – For Dependents whose Service Member transferred Post 9/11 education benefits

\_\_\_ Chapter 35 – For Dependents of Service Member with 100% total/permanent service-related disability, or died due to this disability

**New Student's Only --** List Sponsor's name: First \_\_\_\_\_ Last \_\_\_\_\_

**\* Military Benefit Information for Service-Members: Choose your benefit- Select only one**

\_\_\_ Chapter 31 Veterans Readiness and Employment - (FORMERLY KNOWN AS VOCATIONAL REHABILITATION)

VR&E Counselor Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**\* Enter Military Branch Then Select Component plus Military Benefit(s) - Number of TA Hrs (if requesting from 0 to 16)**

\* Branch of Service: \_\_\_\_\_ Active Duty: \_\_\_\_\_ Reserve: \_\_\_\_\_ Air National Guard/State: \_\_\_\_\_ National Guard/State: \_\_\_\_\_

\* \_\_\_ GI Bill® ONLY \_\_\_ TA Only \_\_\_ GI Bill® & TA \_\_\_ GI Bill® & SEAP & TA \_\_\_ GI Bill® & SEAP \_\_\_ SEAP Only \_\_\_ # TA Hours

*Request TA through your Branch of Service website – Click here for information ~ Scroll To Application Process – Request State Education Assistance Program through SEAP Website*

\* \_\_\_ Chapter 1606 Selected Reserve – NEVER BEEN DEPLOYED \*

\_\_\_ Chapter 30 Active Duty \* Service Member that is/was Active Duty - Chp 30 AD Requesting Top UP? \_\_\_ Yes \_\_\_ No

\_\_\_ Chapter 33 Service-Member-is/was Active Duty or Reserves or National Guard Been Deployed\*

\* Duty Station: \_\_\_\_\_ Active Duty: \_\_\_\_\_ Civilian Employee: \_\_\_\_\_ Retired: \_\_\_\_\_ ETS: \_\_\_\_\_ Dependent: \_\_\_\_\_

*Type In Your Name or Sign:*

\*STUDENT SIGNATURE: \_\_\_\_\_ \* DATE: \_\_\_\_\_

**Send completed Military Benefits Form By:**

**Emailing to: VETERANS@MSSTATE.EDU or Fax to 662.325.6723 or Hand Carry to 250 Bailey Howell Drive ~ Nusz Hall**

*For questions or concerns please call 662-325-6719 and ask for the School Certifying Official that handles your benefit*