

Division of Student Affairs

G.V. "Sonny" Montgomery Center for America's Veterans P.O. Drawer 6283; 250 Bailey Howell Dr. Mississippi State, MS 39762; P. 662.325.6719; F. 662.325.6723 www.veterans.msstate.edu

Parent Institution Letter

In order for the VA to pay for courses being taken at another institution, The Center for America's Veterans must verify the courses being taken at other institutions are required for the student's degree plan. Please **TYPE IN** the requested information below (handwritten forms will NOT be accepted) and then submit this form to the Center for America's Veterans at 250 Bailey Howell Dr. MSU, MS 39762 or via email: veterans@msstate.edu. Once approved, the student is required to provide completed form to the secondary institution.

Student Information				
Student ID:				
Student's First Name + Middle Initial + Last Nan	ne (ex. Jon Q. Doe)			
Phone Number:				
Student Email Address:				
Are you a veteran or dependent?				
VA Chapter Benefit:				
Benefit Percentage:				
Last 4 SSN:				
Veteran's Last 4 SSN (CH 35 only):				
Academic Semester/Academic Year: (ex. Fall202	20)			
Degree Program:				
Other Institution's Information				
Name of Institution:				
Student ID (at secondary school):				
VA Certifying Official at Institution:				
Phone Number:				
Email Address:				
Course Name and number at Miss State University		Equivalent Course	Name and number at	Other Institution
Printed Name of Academic Advisor	Signature of Aca	idemic Advisor	Date	
NOTE TO CERTIFYING OFFICIAL AT THE CERTI graduation requirements for the above degree semester and year above. Feel free to contact	e at Mississippi St	ate University. Please certify t	he above course(s) th	rough the VA for the
Printed Name of Certifying Official	Signature of Cer	tifying Official	Date	