

Use 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

New Student: ___ Current Student: ___ Last term benefits requested: _____ Registering # of Credit Hours _____

Using One Military Benefits Form Per Each Term/Semester You Are Requesting Benefits For:

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 applied 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:

****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

List Sponsor's name: First _____ Last _____

Military Benefit Information for Service-Members:

___ 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: ___ 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