

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#:** 9-digit Numerical ____ **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 18)**

*** Branch of Service:** ____ **N/A:** ____ **Active Duty:** ____ **Reserve:** ____ **Air 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

REVISED 02.27.25 ALL OTHER PREVIOUS FORMS ARE OBSOLETE