

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

***One Form Is Needed For Each Term/Semester You Are Requesting Military Benefits**

Dependents complete all * areas, Section A, Sign/Date, Return to veterans@msstate.edu

Service-Members complete all * areas, Section B #1-#2-#3, Sign/Date, Return to veterans@msstate.edu

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

See Student Experience Coordinator

* Fall ____ Year ____ Spring **ONLY** ____ Year ____ Spring **AND** Winter ____ Year ____ Summer ____ Year ____

Student Information:

* Last Name: ____ First Name: ____ M.I.: ____ DOB: ____

9 Digit Numerical

* 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: ____

* Degree/Major: ____

* Are you graduating this term? Yes: ____ No: ____ If no, your anticipated graduation date: ____

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

*** Schedule Changes may result in a debt to MSU or the VA that you are responsible to repay*** Initial Here: ____

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

Dependents complete all * areas, Section A, Sign/Date, Return to veterans@msstate.edu

Service-Members complete all * areas, Section B #1-#2-#3, Sign/Date, Return to veterans@msstate.edu

A. DEPENDENTS Select Your Chapter of GI Bill® Benefits-Select Only One

____ 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

FOR CHAPTER 35 NEW STUDENT ONLY! -- List Sponsor's name: First ____ Last ____

B. SERVICE-MEMBERS Select Your Chapter of GI Bill® Benefits-Select Only One

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

VR&E Counselor Email: ____ Telephone Number: ____

1. Enter Military Branch and Then Select Component

Branch of Service: ____ N/A: ____ Active Duty: ____ Reserve: ____ Air Guard: ____ State: ____ National Guard: ____ State: ____

2. Select the Type of Military Funding You Are Applying/Requesting

No GI Bill® ____ GI Bill® Only ____ GI Bill® & SEAP ____ GI Bill® & SEAP & TA ____ GI Bill® & TA ____ SEAP Only ____ SEAP & TA ____ TA Only ____

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

3. Select the Chapter of GI Bill You Are Requesting

____ No GI Bill Benefit - Using other types of Military Funding

____ 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: ____ Guard or Reserves: ____ Civilian Employee: ____ Retired: ____ ETS: ____ Dependent: ____

* Type or Sign below and date

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