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

*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 _____

*See Student Experience Coordinator*

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

**Student Information:**

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

Enter your 9-digit MSU ID number (Example: 900111222)

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

**Dependents: Fill in all lines marked with an asterisk (*), then move to Section A and complete.** **SM: Fill in all lines marked with an asterisk (*), then move to Section B and complete.**

**A. DEPENDENTS: Select One GI Bill® Chapter • Sign & Date Form • Save as Last Name • Return to veterans@msstate.edu**

___ Chapter 33 TEB – **For Dependents whose Service Member transferred Post 9/11 educationbenefits**

___ Chapter 35 – **For Dependents of Service Member with 100% total/permanent service-related disability, ordied due to this disability**

**B. Service Members: Complete questions 1,2, & 3 • Sign & Date Form • Save as Last Name • Return to veterans@msstate.edu**

___ Chapter 31 Veterans Readiness and Employment - (FORMERLY KNOWN AS VOCATIONAL REHABILIATION)

***VR&E Counselor Email:*** _____ ***Telephone Number:*** _____

## 1. Enter Military Branch - Select Component - Duty Station - Military Status

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

Duty Station: _____ Active Duty: ____ Guard/Reserve: ____ Separated: ____ Retired: ____ Civilian: ____

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

**GI Bill® Only** ____ **GI Bill® & SEAP** ____ **GI Bill® & SEAP & TA** ____ **GI Bill®& TA** ____ **SEAP Only** ____ **SEAP & TA** ____ **TA Only** ____

## 3. Select the Chapter of GI Bill You Are Requesting:Enter your 9-digit MSU ID number (Example: 900111222)

___ **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***

***Type or Sign Below:***

* ***Student Signature:*** _____ ***Date:*** _____

**Email completed form to veterans@msstate.edu or Fax to 662.325.6723 or Drop Off at 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 benefits.***

**Notes:**

REVISED 09.16.26 ALL OTHER PREVIOUS FORMS ARE OBSOLETE