MISSOURI UNIVERSITY OF SCIENCE AND TECHNOLOGY
VETERANS ENROLLMENT DATA FORM

Failure to compete any portion of this form may result in your certification not being processed.

Name: _____ Student ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Undergraduate ☐ Graduate ☐

VA Education Benefits	
☐ Chapter 30 – Montgomery G.I. Bill ☐ Top Up ☐ Chapter 1606 – Selected Reserves ☐ Chapter 31 – Vocational Rehabilitation Case Manager's Email: _____ ☐ Chapter 35 – Survivors' & Dependents' Educational Assistance Program (DEA)	☐ Chapter 33 – Post 9/11 G.I. Bill *If Ch. 33, please select one: ☐ I am the Military Service Member ☐ I am the Dependent of a Military Service Member ☐ Top Up ☐ Missouri Returning Heroes Act

You must be certain which chapter you claim benefits under. If in doubt, please contact the VA directly for information at (888) 442-4551, or you can use their Ask a Question website: https://gibill.custhelp.com

Have you received VA benefits before: ☐ Yes ☐ No If yes, list the last term you received benefits: _____

Were you attending Missouri S&T the last time you received benefits? ☐ Yes ☐ No

Are you planning to use Military Tuition Assistance? Federal: ☐ Yes ☐ No State: ☐ Yes ☐ No

Degree: ☐ Bachelor's ☐ Master's ☐ Certificate Term Requested: _____

Major/Program: _____ Is this the same major you had last term? ☐ Yes ☐ No

Course Subject & Catalog Number (Ex. Chem 1100)	Class Number (5-digit)	Credit Hours	Required Course	Required Elective	Non-Required (Will not apply towards graduation completion of above listed major)	Non-Required Prerequisite*	Repeating Course?
			☐	☐	☐	☐	☐ Yes
			☐	☐	☐	☐	☐ Yes
			☐	☐	☐	☐	☐ Yes
			☐	☐	☐	☐	☐ Yes
			☐	☐	☐	☐	☐ Yes
			☐	☐	☐	☐	☐ Yes

*We can certify prerequisite courses required to get into higher level, required courses, or a specific program.

If you add, drop, withdraw or otherwise stop attending any class, you MUST notify the certifying official.

I HAVE READ AND FULLY UNDERSTAND WHAT IS REQUIRED OF ME AND WILL COMPLY WITH THE POLICIES AND PROCEDURES AS INDICATED. I UNDERSTAND THAT THE VA WILL ONLY PAY FOR COURSES REQUIRED FOR MY DEGREE. I CONFIRM THAT ALL COURSES LISTED ABOVE ARE REQURED FOR MY DEGREE. I UNDERSTAND THAT THE GRADE OF "WD" OR "HR" WILL RESULT IN AN OVERPAYMENT OF BENEFITS. I ACCEPT PERSONAL RESPONSIBILITY FOR ANY OVERPAYMENTS MADE AND I AGREE TO REFUND SUCH OVERPAYMENTS PROMPTLY TO THE VETERANS ADMINISTRATION (VA). IN ADDITION TO THE ABOVE, I AUTHORIZE THE INFORMATION FURNISHED ON THIS FORM TO BE RELEASED TO THE VA FOR VETERANS BENEFITS. I AGREE THAT MISSOURI S&T MAY SHARE MY INFORMATION WITH THE VA TO INCLUDE: SOCIAL SECURITY NUMBER, ADDRESS, ACADEMIC INFORMATION, AND RATE OF ACADEMIC PROGRESS.

IF USING TUITION ASSISTANCE, I AUTHORIZE MISSOURI S&T TO RELEASE ALL RECORDS REQUIRED BY ANY MILITARY AFFILIATE TO UTILIZE TUITION ASSISTANCE AT MISSOURI S&T.

Student Signature: _____ Date: _____

Please submit completed form to: ***Fax:*** **(573) 341-4362** ***Email:*** **kimg@mst.edu** ***Mail:*** **Kim Gewinner, 103 Parker Hall, 300 W. 13th St., Rolla, MO 65409**