

# MISSOURI UNIVERSITY OF SCIENCE AND TECHNOLOGY VETERANS ENROLLMENT DATA FORM

*Failure to complete 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

- |   |   |
|---|---|
| <input type="checkbox"/> Chapter 30 – Montgomery G.I. Bill<br><input type="checkbox"/> Top Up<br><input type="checkbox"/> Chapter 1606 – Selected Reserves<br><input type="checkbox"/> Chapter 31 – Vocational Rehabilitation<br>Case Manager’s Email: _____<br><input type="checkbox"/> Chapter 35 – Survivors’ & Dependents’ Educational Assistance Program (DEA) | <input type="checkbox"/> Chapter 33 – Post 9/11 G.I. Bill<br>*If Ch. 33, please select one:<br><input type="checkbox"/> I am the Military Service Member<br><input type="checkbox"/> I am the Dependent of a Military Service Member<br><input type="checkbox"/> Top Up<br><input type="checkbox"/> 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:  Bachelors  Masters  Doctorate  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?
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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 REQUIRED 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 Mail: Deanne Jackson  
 Email: [deannel@mst.edu](mailto:deannel@mst.edu) 103 Parker Hall  
 300 W. 13<sup>th</sup> St.  
 Rolla, MO 65409