

Summer/Fall 2024
VETERAN EDUCATIONAL BENEFITS ENROLLMENT INFORMATION:
CHAPTER 30 (MGIB)

*You must complete this form for every semester you want to use benefits. *
 Please make sure you notify us in writing for any schedule changes that affect your training time.

INTERNSHIPS

Furthermore, because of confusion on the part of the VA about Internships, we are requiring that before we will certify a student for an internship that students provide us with a letter/memo from their academic department.

Verification of Attendance

At the end of each month, you are required to verify your attendance through the VA website using the WAVE (Web Automated Verification of Enrollment) www.gibill.va.gov/wave or by telephone: Dial 1-877-823-2378 and follow the instructions.

NAME (First Last):		PawPrint:	
STUDENT ID #:	SSN:	Military Branch:	
ADDRESS:			
CITY:	STATE:	Zip:	
CELL PHONE #:	DATE OF BIRTH:		
DO YOU WANT TO RECEIVE EMAILS FROM THE MIZZOU STUDENT VETERANS ASSOCIATION? Y <input type="checkbox"/> N <input type="checkbox"/>			
ARE YOU ACTIVE DUTY? Y <input type="checkbox"/> N <input type="checkbox"/>			
ARE YOU ELIGIBLE FOR A KICKER? Y <input type="checkbox"/> N <input type="checkbox"/>			
DEGREE TYPE:	MAJOR:		
GRADUATE STUDENTS: HAVE YOU BEEN OFFICIALLY ACCEPTED INTO YOUR DEGREE PROGRAM? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
DATE OF EXPECTED GRADUATION (MONTH/YEAR):			
SEMESTER AND HOURS FOR WHICH YOU ARE REQUESTING BENEFITS (ONLY REPORT HOURS TAKEN AT MU. FOR HOURS TAKEN AT ANOTHER SCHOOL, ASK US ABOUT A PARENT LETTER).			
Summer 2024 In Class Hours:		Summer 2024 Online Hours:	
Fall 2024 In Class Hours:		Fall 2024 Online Hours:	

For Office Use Only

NOTES:

COE
 Residency
 Add Note to VA ONCE
 Revised 3/13/2024 KG

YOU AND THE UNIVERSITY OF MISSOURI ARE OBLIGATED, BY LAW, TO REPORT YOUR ACADEMIC PROGRESS. BY READING, CHECKING, AND SIGNING BELOW, YOU ARE AGREEING TO THE FOLLOWING (PLEASE CHECK ALL BOXES):

I understand that I am responsible for keeping my address updated with MU, and that this can be done on-line through the myZou student system.

I agree to notify the MU Veterans Center in writing/email if I withdraw from all my classes or leave the University for any reason, including graduation.

I agree to promptly notify the MU Veterans Center in writing/email if any information on this form changes.

I understand MU's policy on satisfactory progress.

I understand MU's policy and procedures for adding, dropping or withdrawing from a class or from school, and that it is my responsibility to comply with these policies and procedures.

I accept personal liability for any overpayment made to me by the VA which results from my failure to comply with MU policies and procedures or VA regulations, and agree to refund such overpayment promptly to the VA or MU.

I understand that MU will release information to the VA to include any requested student records and/or transcripts.

I understand that this release of information may result in changes to my benefit eligibility.

Online Self-Paced Courses
The policy for certifying 6 month online self-paced courses that begin after January 1, 2015.

We will certify these courses **AFTER** you have completed them and have notified us of the completion. This could affect your fulltime status and your monthly BAH stipend. These courses should not be counted when determining your full-time status. If you have any questions, please contact the MU Veterans center.

READ CAREFULLY! THE VA WILL NOT PAY YOU FOR COURSES YOU HAVE ALREADY TAKEN AND ARE RE-TAKING TO IMPROVE YOUR GPA. IT IS YOUR RESPONSIBILITY TO OMIT ANY PREVIOUSLY TAKEN COURSES ON THIS FORM. THIS INCLUDES ALL TRANSFER CREDIT FROM THE MILITARY OR ANOTHER ACADEMIC INSTITUTION. DISCOVERING THIS, COULD ALSO CAUSE YOU TO BECOME LESS THAN FULL-TIME AND RESULT IN DEBT FOR YOUR MONTHLY BENEFITS.

I authorize the information furnished on this form to be released to the VA. I authorize MU to submit to the VA, any changes that may occur which affect my benefit payments and to share academic information as requested by the VA on my behalf. I further agree that the MU Veterans Center may share my information with the VA to include Social Security number, address, academic information, and rate of academic progress. I have read the above statements; I understand them, and my signature signifies my agreement.

NEW STUDENTS

After graduating from High School, have you ever attended another College or University before MU, and receive transfer credit toward your current program of study?

Y N If yes, where?

Have you ever received VA benefits before attending MU?

Y N If yes, where?

Are you a visiting student? Y N

If yes, what is your primary school?

SIGNATURE:

Date:

Please return form to:

**University of Missouri Veterans Center
N5 Memorial Student Union
Columbia, MO 65211**

You may fax this form to (573) 884-4387, or email the form to veterans@missouri.edu

If you have any questions, please call 573-884-4383.

**THANK YOU FOR YOUR SERVICE.
WE ARE HONORED TO HAVE YOU HERE!**