

Summer/Fall 2024

VETERAN EDUCATIONAL BENEFITS ENROLLMENT INFORMATION: CHAPTER 35 Dependent- DEA

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.

NAME (First Last):		PawPrint:
STUDENT ID #:	Your SSN:	
VA CLAIM # (THE VETERAN'S SSN, & FULL NAME):		
ADDRESS:		
CITY:	STATE:	ZIP:
CELL PHONE #:	DATE OF BIRTH:	
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:	

DO YOU NEED A CHAMP VA HEALTH INSURANCE LETTER? Y <input type="checkbox"/> N <input type="checkbox"/>
IS YOUR BENEFIT FOR A DECEASED SPOUSE OR PARENT WHO DIED ON ACTIVE DUTY? Y <input type="checkbox"/> N <input type="checkbox"/>

For Office Use Only

NOTES:

COE
Residency
Add Note to VA ONCE

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.

SIGNATURE:

Date:

STUDENT INFORMATION RELEASE AUTHORIZATION

*Must be signed every semester. *

We often get phone calls from parents who are trying to assist their dependents with their benefits and if you have no objections, then please sign below. Personal/academic information would include academic program (your college, school, or department), academic plan (your major, minor or certificate program), academic sub-plan (your emphasis or concentration), credit hours completed, enrollment status, amount of benefits and billing information. Personal information would NOT include attendance, student ID, social security number, or grades.

Before MU/we can discuss the above information, we must obtain your written consent. **Note that you are under NO obligation to allow MU staff, including staff of the Veterans Center, to discuss these matters with your family member. This is your decision.** If you are granting authorization to MU to discuss this information, please list the individual and sign below.

DO NOT RELEASE ANY INFORMATION

RELEASE INFORMATION TO:

NAME (FIRST, LAST):

RELATIONSHIP TO STUDENT:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

STUDENT SIGNATURE:

DATE:

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?

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.