MISSISSIPPI UNIVERISTY FOR WOMEN

Verification of Enrollment for VA Educational Benefits

Name: _____
Last First M

Address: _____ MUW ID#: _____

_____

Home Phone #: _____ Cell Phone #: _____ E-mail: _____

Branch of Service: _____

VA Education Benefit Information: (Check One)

(__) Post 9/11 GI Bill Chapter 33

(__) Montgomery GI Bill (Chapter 30)

(__) Currently on Active Duty

(__) Chapter 33 Dependent Transferability

(__) Montgomery GI Bill-Select Reserve (Chapter 1606) Reserves or Nat'l Guard

(__) REAP (Chapter 1607) Reserve Educational Assistance Program

(__) Dependent (Chapter 35) VA File # : _____

Academic Information:

Have you attended MUW before? YES ( ) NO ( ) Last term & year attended:_____

Have you attended another institution since your last term at MUW, or are you a transfer student from another institution? YES ( ) NO ( ) School: _____

Did you receive VA benefits at the previous institution: YES ( ) NO ( )

Current Degree Program: _____

Term of Enrollment _____ 20 _____ Expected Graduation Date: _____

Total Number of Credit Hours for this Term: _____

VA EDUCATION BENEFITS ARE ONLY PAID FOR COURSES REQUIRED FOR YOUR DEGREE.

STUDENT SIGNTURE: _____ DATE: _____