



MILITARY & VETERANS SUCCESS CENTER

MONTANA STATE UNIVERSITY BILLINGS

Personal Information				
Name (Last, First M.I.)				
Student ID Number	Social Security Number		Date of Birth	
-XXXX	Please call to provide SSN			
Street Address		City	State	Zip Code
MT Resident	Preferred Phone		Email Address	
Yes _____ No _____				
Military Affiliated Information (skip if you are not the veteran)				
Branch of Service:		Length of Service:		
Disability Rating (Optional):			Discharge Date:	
Degree Information				
Campus Location: Main Campus _____ City College _____				
Start Date:		Estimated Graduation Date:		
Degree Program:				
Type of Degree (please check one)				
Certificate Program: _____ Associates: _____ Bachelors: _____ Graduate: _____ Guest Student: _____				
GI Bill Benefit Type (please select those that apply)				
<input type="checkbox"/>	Chapter 30 (Montgomery GI Bill)			
<input type="checkbox"/>	Chapter 31 (VR&E)			
<input type="checkbox"/>	Chapter 33 (Post-9/11 GI Bill) Veteran			
<input type="checkbox"/>	Chapter 33 (Post-9/11 GI Bill) Transfer of Entitlement (TOE- Dependents)			
<input type="checkbox"/>	Chapter 35 (Dependent), provide veteran's SSN and name: <u>Call to provide SSN</u> _____ Do you plan to use CHAMPVA Insurance? Yes _____ No _____			
<input type="checkbox"/>	Chapter 1606			
<input type="checkbox"/>	Using Military Tuition Assistance?			
<input type="checkbox"/>	Using a Waiver? (Honorably Discharged Tuition Waiver, MTNG Tuition Waiver, Native American Waiver)			
<input type="checkbox"/>	Other			
Certification Status (please check one)				
<input type="checkbox"/>	This is my first term using benefits.			
<input type="checkbox"/>	I have previously used benefits before, here or at another campus.			
<input type="checkbox"/>	Are you switching education benefits? Yes _____ No _____ If Yes: From _____ To _____			
Check List (please select those that apply)				
<input type="checkbox"/>	I provided a copy of my Certificate of Eligibility.			
<input type="checkbox"/>	I provided a copy of my JST/ CCAF (veterans only).			
<input type="checkbox"/>	I have requested a copy of my official transcripts to be sent to the school (all prior education).			
<input type="checkbox"/>	I do not have prior college credit.			

Please READ, INITIAL, and SIGN the back side of this page

Important requirements and guidelines, please READ, INITIAL, and SIGN.

Please initial each block below

_____ I understand that the following requirements listed on this form are set forth by MSU Billings and/or the VA (Often due to a Congressional Act or Federal Law) and are for the purposes of administering my VA and DoD educational benefits only. It is my responsibility to seek and understand any additional requirements set forth by MSU Billings in order to begin, maintain, and/or end my enrollment at this institution.

_____ I understand that the School Certifying Official (SCO) must share and submit student information such as; semester hours, grades, SSN, and billing information to the Department of Veteran Affairs and/or MSU Billings. *(This information is confidential and will be used only for the purposes of obtaining or supporting your VA Education Benefits)*

_____ I understand that I must monitor my e-mail or periodically check with the Military and Veterans Success Center for information updates regarding changes to VA education benefits.

_____ I understand that I must notify the School Certifying Official at MSU Billings as soon as my personal information changes, including; any change of address, phone number, and name. Failure to do so does not alleviate me from my responsibility to understand, track, and monitor my education benefits.

_____ I understand that I must notify the SCO immediately upon a change in course load (adds, drops, withdrawals, etc.) as this may result in an over/underpayment of my educational benefits. If I do not do so, I understand that it may result in a debt letter from the VA and/or MSU Billings.

_____ I understand that MSUB initially charges for health insurance each semester, and that I must waive it by the add/drop period. If I fail to do so, I may be responsible for this cost. *(Post 9/11 GI Bill is the only benefit type that will cover the Student Health Insurance if the student does not have any other health insurance)*

_____ I understand that if I receive a fee waiver (i.e., American Indian Waiver, National Guard, etc.) designated for tuition or fees, I must notify the School Certifying Official. *(Waiver amounts must be reduced from what is reported to the VA for Chapter 31 and Chapter 33 benefits)*

_____ I understand that if I am using Chapter 33 (Post 9/11) or Chapter 1606 benefits I must self-verify every month, in order to continue receiving my housing stipend. (Or Chapter 35 students pursuing a certificate)

_____ I understand that I must confirm attendance every semester through MyInfo. Failing to do so could result in MSU Billings placing a hold on my account or removing me from my courses. *(Other reasons for holds may be; pending shot records, pending transcripts, pending Everfi training, etc.)*

_____ I understand that unearned F grades* and Academic Suspension are required reporting and may result in my receiving a debt letter from the VA and/or MSU Billings. *(*Unearned F grades are courses in which the student received a failing grade AND at some point, completely stopped attending)*

_____ I understand that in order to qualify for Mitigating Circumstances, I must have an official withdrawal. If I do not have an official withdrawal I will likely incur a debt. I also understand that the VA will always issue a prorated tuition debt, and that I will be responsible for paying any difference. *(The one time 6 hour exclusion rule is the only exception)*

_____ I understand that I can only take courses REQUIRED for my current degree program. If I do not officially change my degree program with Advising, I understand that I will not be able to take courses under a new degree program.

_____ I understand that the VA will not cover courses that I have already taken or received a passing grade for. *(This includes courses from another institution or credit received from the JST/ CCAF transcripts, we suggest waiting until all transcripts have been evaluated before taking elective or other courses or courses that you may received credit for. If a course is later identified as not needed, we are required by law to make a reduction).*

_____ I understand that all remedial courses can only be taken in person, and must be supported by placement test scores. *(This includes VR&E students)*

_____ I understand that my educational benefits are paid based on the course dates for each course, and that my benefit payments may vary depending if the course(s) are for any period other than the actual start and end date of the semester. *(Most often applies to individual summer sessions, internships, and student teaching)*

_____ I understand that I must request official transcripts (including my CCAF transcripts) to be sent to MSU Billings within my first semester of enrollment and that if I do not, I might not be certified for subsequent semesters. *(In most cases the MVSC can order the JST; but not CCAF transcripts)*

_____ I give the Military and Veterans Success Center permission to access and/or request my Joint Service Transcript. *(Not optional for veteran or currently serving students as we are required by federal law to evaluate all transcripts)*

_____ I understand that by not complying with the above listed guidelines, my educational benefit payments may be delayed, suspended, and/or I may be required to reimburse the Department of Veteran's Affairs or MSU Billings for all or a portion of the educational benefit payments. *(Including previous enrollments in which it is later identified were not attended or were withdrawn from)*

Signature: _____

Date: _____

By signing or typing my name in the above box, I acknowledge that I understand and agree to the information and terms listed above.