



Montana State University Billings, Military and Veterans Success Center

Personal Information

Name (Last, First M.I.)

Student ID Number

Social Security Number

Date of Birth

Street Address

City

State

Zip Code

Home Phone

Cell Phone

Email Address

Military Affiliated Information

Branch of Service:

Length of Service:

Disabilities and Rating (Optional):

Discharge Date:

Degree Information

Campus Location:

_____ Main Campus

_____ City College

Start Date:

Projected Graduation Date:

Name of Major:

Type of Degree (please check one)

Undeclared _____

Associate (2-yr) _____

Bachelors (4-yr) _____

Masters _____

Education Benefit Being Applied For (please check all that apply)

Chapter 30 (Montgomery GI Bill)

Chapter 31 (VR&E)

Chapter 33 (Post-9/11 GI Bill) Veteran

Chapter 33 (Post-9/11 GI Bill) Transfer of Entitlement

Chapter 35 (Dependent), provide veteran's SSN: _____
Do you plan to use CHAMPVA Insurance? _____ No _____ Yes

Chapter 1606/1607 (Active Reserve, National Guard, or REAP) Unit Contact # _____

Military Tuition Assistance

Waivers (Honorably Discharged Tuition Waiver, ANG Tuition Waiver, Native American Waiver)

Other

Certification Status (please check one and complete any additional information, if needed)

First Time - "I have never used my education benefits and would like to begin using them at MSUB."

Reinstating - "I have attended and used my benefits at MSUB but did not attend this past semester."

Transferring - "I have used my education benefits at a different school and want to transfer to MSUB."

Completed a VA Form 22-1995, Change of Program or Place of Training? _____ No _____ Yes

Are you switching education benefits? _____ No _____ Yes

If Yes: From _____ To _____

Check List (please select those that apply)

Provided a copy of Certificate of Eligibility.

Provided a copy of JST/CCAF (Veterans Only).

(Transfers) Submitted official Transcripts to admissions and records.

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

Important Requirements and Guidelines. Please Read, Initial, and Sign.

Type or
Initial each
box below

_____ I understand that the following requirements listed on this form are set forth by MSUB and are for the purposes of administering my educational benefits only. It is my responsibility to seek and understand any additional requirements set forth by MSUB in order to begin, maintain and/or end my enrollment at this institution.

_____ I understand that I must check both my mail and e-mail on a continuous basis for important information regarding my education benefits. I also understand that my mail and e-mail address must be updated with both the VA Certifying Office and on my MSUB account.

_____ I understand that I must notify the VA Certifying Officer at MSUB as soon as any of my personal information changes to include, but not limited to, change of address, phone number, name, and direct deposit information.

_____ I understand that I must notify the VA Certifying Officer at MSUB immediately upon a change in course load (adds, drops, NCs, withdrawals) as this may result in an over/underpayment of my educational benefits.

_____ I understand that I must confirm attendance with the VA in order to continue receiving my housing stipend, and that failure to attend all of my courses through the end of the semester, may result in me having to return all housing and tuition fees to the school or VA.

_____ I understand that MSUB initially charges for health insurance each semester and that I must waive it by the add/drop period. I understand that in most cases the Post 9/11 GI Bill will cover the health insurance and if I wish to keep the health insurance, I must contact the MVSC each semester I intend to receive student health insurance.

_____ I understand that I must complete the appropriate paperwork located in the Admissions & Records Office at MSUB with the VA Certifying Officer in the event that I decide to change my major.

_____ I understand that I will only receive benefits for classes in my degree plan, and I will not receive educational benefits for retaking classes that I have already completed (C or better), or courses repeated more than once.

_____ I understand that if I am placed on academic suspension from MSUB, my educational benefits will be suspended through the VA, and it may result in my owing the VA back for all tuition, fees, and stipends paid to both me and the school.

_____ I understand that my educational benefits for all part-term courses will be paid for the period of time in which my courses are in session. Payments will not cover the break between Fall and Spring semesters and will I will only be eligible for Summer if enrolled during that period.

_____ I understand that I must confirm attendance every semester through MyInfo. Failing to do so could result in MSUB placing a hold on my account or removing me from my courses.

_____ I understand that all remedial courses, internships, externships, independent studies, cooperative education agreements, and concurrent enrollments must be approved by the Military and Veterans Success Center before it can be certified to the VA. (Not all courses are VA approved)

_____ I give the VA Certifying Office permission to access and/or request my JST/CCAF transcripts.

_____ I understand that I must supply the Admissions & Records Office with all transcripts/transfer credits accepted by MSUB within my first semester of enrollment. (this is a federal requirement and

_____ 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 VA Certifying Officer. (Waivers are not covered by the VA, and it will reduce charges submitted to the VA.)

_____ 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 for all or a portion of the educational benefit payments that I have received for the entire semester. I understand that the School Certifying Official must share and submit student information, such as semester hours, grades, and billing information to the Department of Veteran Affairs. (This information is confidential and will be used only for the purposes of obtaining your VA Education Benefits.)

I understand that signing or typing my name below, I am agreeing to the above information.

Signature: _____

Date: _____

MVSC STAFF ONLY

Date Received: _____

Residency Checked: _____

VA Once Entry: _____

Signature: _____