

MURRAY

STATE COLLEGE

Murray State Veterans Assistance Intake Sheet

One Murray Campus
Suite 113
Tishomingo, OK 73460

Fall _____
Spring _____ Year _____
Summer _____

Student ID # _____

NAME _____

SSN _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

_____ CHECK IF THIS IS AN ADDRESS CHANGE

Phone Number (____) _____ - _____

Email Address _____ **If Chapter 35, VA File #** (including suffix) _____

Major _____

CHAPTER (CIRCLE ONE)

30 (MGIB)

31 (VR&E)

32 (VEAP)

33 (Post 9/11 vet)

35 (Dependents)

1606(NG/Reserve)

1607 (NG/Reserve)

Are you currently serving on Active Duty? (YES or NO) circle one

Are you receiving a tuition waiver? (YES or NO)

Are you eligible for (Chapter 35) Dependents Educational Assistance (YES or NO)

(Chapter 1606 & Chap 1607 only) **DO YOU RECEIVE A KICKER AS PART OF YOUR EDUCATIONAL BENEFITS?**

Yes or No (circle one) ** (Only applicable to National Guard/Reserve recipients) please provide a copy for your file.

I also understand that I must complete a Veterans Intake Sheet in the Office of Admissions and Records Office for **EACH** semester that I desire to receive benefits. I also understand that I **will not** receive benefits for any course(s) that are not included on my curriculum unless the course(s) is/are **OFFICALLY SUBSTITUTED** into my curriculum **prior to the beginning of the semester or that have been previously completed and received a grade**

It is your responsibility to report any changes in enrollment (adds /drops/withdrawals /change of major) to the Admissions/Registrar office either by email from your Murray email account to registar@mscok.edu or by completing and submitting a new Veteran Assistance Intake form to the Admissions office.

I also understand that my enrollment **will not** be certified until I have completed and submitted all requested documentation (DD214, previous college/university/ACE transcripts, intake sheet & COE (certificate of eligibility) and I also understand that certification process will not begin until the earliest date possible and/or after the drop period.

Effective: 10/06/22

Student Signature _____ **DATE** _____

FOR OFFICE USE ONLY

New Transfer Continue Concurrent (circle one)

Fall Semester _____ hours Spring Semester _____ hours Summer _____ hours

1st 8 week _____ hours 1st 8 week _____ hours DD214 or COE on file (yes or no)

2nd 8 week _____ hours 2nd 8 week _____ hours Kicker mailed or faxed

Intersession _____ hours Intersession _____ hours Major changed to _____

Change of Major on file (yes or no)