MURRAY STATE COLLEGE

Murray State Veterans Assistance Intake Sheet

One Murray Campus
Suite 113
Tishomingo, OK 73460

Fall _____
Spring _____ Year _____
Summer _____

Student ID # _____

NAME _____

STREET ADDRESS _____
CITY, STATE, ZIP _____
_____ CHECK IF THIS IS AN ADDRESS CHANGE
Phone Number (_____) _____-_____
Email Address _____ **If Chapter 35, NAME OF THE VETERAN** _____
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 receiving ay other MSC funded scholarships? (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 for the Office of Admissions **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 **OFFICIALLY SUBSTITUTED** into my curriculum **prior to the beginning of the semester or that have been previously completed and received a grade.**
Chapter 35 pays to the student-you must pay your bill to the business office.

It is your responsibility to report any changes in enrollment (adds /drops/withdrawals /change of major) to the Admissions/SCO office either by email from your Murray email account to admission@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 (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: 08/24/26

Student Signature _____ **DATE** _____

COMPLETED BY STUDENT

Fall Semester _____hours	Spring Semester _____hours	Summer A _____hours
1st 8 week _____hours	1st 8 week _____hours	Summer B _____hours
2nd 8 week _____hours	2nd 8 week _____hours	
16 Week _____hours	16 Week _____ hours	