



Veterans Benefit Form

This form must be completed and returned before your benefit will be applied to your student account.

Please indicate which VA type(s) you will receive:

Post 9/11 GI Bill: Title 38 Chapter 33

Amount of coverage remaining: _____ Months _____ Days

Reserve Educational Assistance Program (REAP): Chapter 1607

Selective Reserve: Title 10 Chapter 106

Old GI Bill: Chapter 34

Post-Vietnam Era Veteran's Ed. Prog.: Title 38 Chapter 32

Dependents Educational Assistance Program: Title 38 Chapter 35

Veteran Readiness & Employment: Title 38 Chapter 31, VR&E

I acknowledge SMU's policy regarding Veteran's Affairs. I recognize that it is my responsibility to pay Southern Methodist University the sum of the aggregate unpaid balance in the event funds from Veterans Affairs are not received or payment does not cover the balance in full. I understand that all unpaid charges are my responsibility if Veteran Affairs rejects the charges.

Student Signature

SMU ID

Print or Type Name

Date