



Virginia Military Survivors & Dependents Education Program (VMSDEP)

VMSDEP RE-CALCULATION REQUEST FORM

| | | | | |
|----------------------------|----|-----------|------------|-----|
| | | | | |
| First Name | MI | Last Name | Last 4 SSN | DOB |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Telephone | | Email | | |
| | | | | |
| Veteran's Name | | | | |
| | | | | |
| Current College/University | | | | |

I am requesting a re-calculation of my VMSDEP benefits for the following reason:

- I was not enrolled for one or more semester(s).
- I paid for a semester(s) out-of-pocket. If so, which one(s): _____
- Other: _____

To the best of my knowledge, I have used VMSDEP benefits at the following colleges/universities:

| Name of School | Semester(s) Attended |
|----------------|----------------------|
| | |
| | |
| | |
| | |

Please allow 10 business days for your request to be processed.

A Letter of Authorization will be sent to you and the school, via secure email, upon completion.

Signature: _____ Date: _____

Please email the completed form to vmsdep@dvs.virginia.gov or fax to VMSDEP (804) 786-0809.

Department of Veterans Services
 Virginia Military Survivors & Dependents Education Program (VMSDEP)
 James Monroe Building, 101 N. 14th Street
 Richmond, VA 23219
 (804) 225-2083
 FAX (804)-786-0809
vmsdep@dvs.virginia.gov