



Virginia Military Survivors & Dependents Education Program (VMSDEP)

VMSDEP SUMMER/WINTER REQUEST FORM

First Name	MI	Last Name	Last 4 SSN	DOB

Address	City	State	Zip

Telephone	Email

Veteran's Name

College/University Enrolling in for Summer Semester

Please list which summer and/or winter semesters you will be enrolled in:

Semester	Year
<i>Example: Summer</i>	<i>2017</i>

Each VMSDEP recipient is entitled to eight (8) semesters of waivers. In order to maximize your benefits, please consider the following *example* when deciding whether to use your VMSDEP waiver for summer enrollment:

Semester	Enrollment	Cost	Semester of Benefits Used
<i>Summer</i>	<i>3 Credit Hours/1class</i>	<i>\$975</i>	<i>1</i>
<i>Fall</i>	<i>12 Credit Hours/4 classes</i>	<i>\$3,900</i>	<i>1</i>

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

A Letter of Authorization will be sent to the school and you, 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
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