



Virginia Department of Veterans Services
 Veterans Education Training and Employment
Virginia Military Survivors and Dependents Education Program

Virginia Military Survivors & Dependents Education Program (VMSDEP)

VMSDEP TRANSFER REQUEST FORM

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

- Full Transfer - Transfer all remaining waivers.
- Partial Transfer - Transfer enough waivers to cover the semesters listed below.
- Dual Enrollment - I will be enrolled at both schools for the semesters listed below.

Please list the starting semester if you are requesting a full transfer. If you are requesting a partial or dual, please list each semester affected:

Semester	Year
<i>Example: Fall</i>	<i>2017</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
vmsdep@dvs.virginia.gov